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MORE ABOUT SECRET NOSTRUMS: THE REMEDY.

SOME years ago a small quota of earnest men took up what seemed to be a hopeless fight against the proprietary-medicine abuses, which were so rapidly debauching medicine and pharmacy that thinking men in both professions began to be alarmed. These men kept hammering away after a modest manner, telling wholesome but unwelcome truths which the haughty plutocrates of the "syndicate" disdained even to notice. The movement, though feeble at first, soon began to make itself felt. Robinson made himself heard on the floor of the section of Materia Medica and Therapeutics of the A. M. A., and with his papers read at the section and his plucky *Critic & Guide,* created a sensation. He made exposures which could not be overlooked (nor answered) and was met by a storm of vilification and abuse—the strongest argument of the knave. Taylor of the *Medical World* launched his philippics against the secret-nostrum octopus, with its score of slimy tentacles. Hallberg was already battling among the pharmacists and organizing the forces, as secretary of the section of Materia Medica, in the A. M. A., and last, but by no means least, the *Journal of the A. M. A.* fell into line and the result was the organization of the Council of Pharmacy and Chemistry, which is throwing the white light of publicity upon the question.

The profession is now thoroughly aroused. There is no longer any lack of interest—indeed there seems to be danger that in the new-born enthusiasm for good works some may go too far and that injustice may be done. The temper of the profession was shown in no uncertain way at a meeting of the Chicago Medical Society, held Feb. 14, in which a symposium on this subject was presented, arranged by Dr. Simmons of the *Journal,* now the acknowledged leader and guiding spirit of the ultra in the movement.

The symposium was a strong one—one that should make men think. For instance, Simmons told of the misleading character of the advertising of many of the proprietaries, the puerility and extravagance of many of the testimonials, how a "patent" becomes a "proprietary"— and the opposite; and the general tone of falsity and misrepresentation so often used in pushing these wares.

Salisbury explained how the opinions and character of many medical journals are moulded by its advertisers, upon whom their very existence so often depends. He classified medical journals according to

their subserviency to advertising interests. The pseudo- original article, written to boost some nostrum, was vigorously and properly dealt with.

Davis said that the literature of proprietary nostrums was generally prepared with but one aim—to sell goods; therefore most of it is worthless or at least of little value—even that issued by first-class houses. The detail man, with his gratuitous, ready-made lecture, was generally a nuisance—though there might be exceptions—and that there are exceptions, many of them, we contend. Why may not an otherwise honest man tell the truth about that which he has to tell?

Puckner dealt with the general ignorance of the physician concerning the nature, combination and action of medicine, quoting the case of a doctor who had been giving for years a "tasteless quinine" which consisted solely of calcium sulphate! This inert substance had given "perfect satisfaction!" Such ignorance makes a man a ready prey to the nostrum vender. The remedy was unquestionably to be found in better and more thorough instruction in in the college with which conclusion we most heartily concur.

Williamson thought that the work in materia medica and therapeutics in college was too general in character and not properly distributed throughout the course. Instruction in materia medica is given early, when the student knows nothing of disease. The fact that nitrites may be "good in angina pectoris" means nothing to him because he knows nothing of angina pectoris at this stage of his career. In his later studies he is told that iron is good for a certain patient, but all the minutiæ of giving the iron, its dose, the relative value of different preparations and when it should be given, and how, he does not learn.

Long gave a rapid-fire discussion of the dangers of adulteration in foods, and of medicinal abuses. He explained the organization of the Council of Pharmacy and Chemistry and told what it had done and what it proposed to do. The German chemical synthetics he placed no higher than others; indeed he said that he had come to mistrust everything that comes out of Germany!

Stieglitz discussed the work of synthetic chemistry, showing the problems it had solved in the construction of various alkaloids and other substances. He thought that through the ability to put together molecular groups having definite therapeutic actions, synthetic chemistry would supply the medicine of the future.

The symposium was freely discussed, Drs. Whitman, Hallberg, Simmons, Abbott, Ochsner and others taking part. The argument running through the papers and the discussion was about as follows: The evil is a real one and a great one. The responsibility for the evil rests with the profession itself; there is a lamentable ignorance of official remedies as given in the Pharmacopeia, which leads the physician to prescribe ready-made mixtures, guaranteed by their promotors to do things. The medium by which the profession is reached in advertising, and it is debauched by the extravagant statements and claims which reach the profession through this channel. But the fundamental cause, and this was strongly brought out by Dr. Abbott, is the lack

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With 151 physicians on its faculty list the N. Y. Post-Graduate has not a solitary one to instruct on drug therapeutics.

The difference between monarchy and polyarchy is that in the latter you scold alone.—Epstein.

of training in real applied therapeutics in our medical schools. If the same thoroughness was used in drilling into students a knowledge of medicines and their applications as is used in the study of pathology and its technic, these men would go out optimistic and enthusiastic practicians. Knowing little of therapeutics they naturally fall into one of two classes: Either the nihilistic, doubting the efficiency of any therapeutic measure; or prescribers of ready-made proprietary mixtures, which constitutes fully 50 per cent of all prescriptions written. This leaves the best and cleanest work of the day to be done by those who, knowing what they want, either specify it, or procure and dispense it for themselves.

The CLINIC has already stated how we stand on this question—but it will do no harm to repeat. We are heart and hand in any movement for the purification and strengthening of our therapy—any movement tending to make our knowledge, and its application, more exact; and it is to teach and support this that is the real gist of our effort, a work to which should be given the support of every earnest unprejudiced man. Where our work is encumbered by dross, let us get rid of the dross. Of proprietarism of the right kind—that which is really intent upon giving the burdened doctor better tools, with a full knowledge of their temper, we have nothing but good to say. This kind of pharmacy deserves the support and encouragement of the profession and in our enthusiasm to get rid of the evil we should not make the error of going too far and injuring our friends.

But for the proprietarism which aims to use the doctor as a cheap "advance agent" for the ultimate introduction of nostrum cure-alls to the laity, we have nothing but condemnation, and it shall not use us as a means to this nefarious end. So far as we can prevent, the CLINIC shall not be used as a medium for lies and deceit—of any effort to sell worthless and essentially secret products to the doctor. We must admit the danger of secrecy in any product and that, too, should be placed under the ban as regards the advertisement of any remedy—but here with a qualification. The profession has a right to know of and demand the amount of any toxic or habit-forming drugs in any remedy—nothing can condone secrecy here—but it is a serious question if it has a right to demand the entire formula unless it is prepared to protect the manufacturer from the pharmaceutical harpies which make a business of imitating these products and foisting substitutes upon the physician. We have no right to condemn to business ruin a man with a clean product and doing a clean business at the behest of large manufacturing houses which seek the downfall of the man with an idea on the ground that his prosperity takes from the sum total of their legitimate (?) profits.

The Pharmacopeia is a magnificient thing, representing a decade of the hardest kind of hard work by the most brilliant men in American pharmacy, but it is not the "last word." Necessarily it must follow and can not lead, since it accords a place only to remedies of general use, irrespective of merit. As one has said, if enough physicians used brick dust as a medicine, brick dust would have to go into the Pharmacopeia.

Denial of all sides but one is a poor kind of unification.—Sir Oliver Lodge in "Life and Matter."

Dyspepsia: Eat just enough to allay hunger; every four hours; the easiest digested articles, well chewed, for a week; note results.

If you go over this book carefully and trace the history of the remedies now official you will find that the nostrums of other decades are the ethical preparations of today. In other words in pharmacy the nostrums unquestionably lead the way; most of them perish as they should, but the best of them survive and are ultimately embodied in our official catalogue of accepted remedies—and their source is forgotten. As was well said in the discussion of this symposium, it is and has been unfortunate that medical men generally have not taken the interest they should in the revision of the Pharmacopeia. In every revision for several decades only a fraction of our medical bodies have been represented; and it has been difficult to gather the data of a pharmacologic character upon which to establish the merit or demerit of applicants for admission. As a result of this apathy the book is not all that it should be, but criticisms at this late day come with a poor grace. He is a knave who will tear down that which he selfishly refrained from helping to construct.

But when the last word is said, is not the solution of the whole problem to be found in the simplification of our materia medica? So long as a mysterious merit is supposed to be inherent in a complex secret or semi-secret compound or mixture will not physicians as well as the laity use these? How much better to use definite remedies, the active principles, singly, in carefully measured doses, studying their action carefully and following the results clinically until you know just what effects you are obtaining. We can not think of any method of therapy more certain to stimulate interest in pharmacologic work and surer to arouse the latent optimism of doctors who have grown skeptical concerning the action of all remedies because they know only drugs of uncertain and doubtful therapeutic efficiency. Are there not many physicians who give medicines as did this doctor with his gypsum—calcium sulphate? They do not even look for any definite results—results that may be foretold with certainity—and wouldn't know them if they should appear.

The remedies for our troubles then are two: First, more careful instruction by the schools—instruction which shall follow the student all the way through his course and be clinical as well as didactic. Second, a more dependable materia medica, as exemplified, in part, in the many fine preparations of the Pharmacopeia, but ideally found in the active principle—whether this be official or proprietary, organic or inorganic, derived from the plant or the product of the synthetic chemist. And to one and all, be he truthful and honest, let us give a fair and a square deal.

For our position upon the question of proper advertising, an important corollary to this discussion, we refer you to the "Publisher's Department" among the advertising pages.

PRACTICE AND THEORY.

The researches of the cellular pathologists had elucidated the changes taking place in the lungs during an attack of pneumonia, and arranged them in orderly sequence. The methods of treatment that had proved satisfactory had been assimilated to these observations, and as a result we had a distinct conception of the conditions, and a rational

Even a sheet of paper has two sides.—Sir Oliver Lodge. Yet many an argument seems to have more than two sides.

Dyspepsia: Fix a diet and regime under which you are free; and add to this in kind and quantity by slow degrees.

explanation of the effects of remedial intervention.

Then comes the pneumococcus, and a new explanation is given the phenomena, based on the biology of this intruder. At once, a certain section of the profession, acknowledging their inability to fit a treatment to this view of the pathology, affirm that it is our duty to do nothing, and even go so far as to deny the possibility of any good resulting from any treatment of whose relations to the new pathology they are unaware. We must therefore be content to do nothing at all until an antitoxin shall have been developed.

Two fallacies are engaged in this assumption: One is that the discovery of the exciting cause, the pneumococcus, has made any alteration in the pathologic conditions as long since observed; the other, that the treatment that had proved satisfactory can not be useful until its action has been assimilated to and explained by the new knowledge. Neither of these is justified by the present state of our knowledge as regards the pneumococcus or any other pathogenic microorganism.

However desirable it may appear that we direct our therapeusis against the microbic cause of disease, it must be confessed that as yet but the veriest trifle has been accomplished in this direction. The gonococcus is still valuable from a diagnostic and a prognostic point of view —have we made any advance in treatment directly due to its recognition?

The same question may be asked and answered negatively as to every other malady of known microbic origin, with the single exception of diphtheria—and here it may be seriously questioned if the discovery of antitoxin has not done more harm than good, by leading the profession away from other valuable methods to place a faith in this agent that it does not deserve in the later stages of the disease. It is to be regretted that the enthusiastic advocates of antitoxin have considered it necessary to establish their own pet remedy by condemning all others. Violence and exaggeration do not convince, but on the contrary serve to arouse a feeling of antagonism in the minds of independent listeners. Freely admitting the benefits derivable from antitoxin during the first four days of the attack, and also that by the use of larger doses we may perhaps save life after this period, there is nothing but intolerance in the wholesale condemnation of all other remedial measures. Any physician who has eyes in his head—and a nose in normal functional activity—can assure himself of the great benefits derivable from local antisepsis in advanced diphtheria of the nasal and contiguous passages; and the powers of calcium sulphide are so great that no one but a one-ideaed fanatic would refuse to avail himself of them.

We stand pat. We await with interest the coming of the pneumonia antitoxin, but meanwhile we adhere to the vasomotor treatment that has given such satisfactory results heretofore.

This we have to say in answer to Dr. Andrew H. Smith, whose able paper in a recent *Medical Record* is one of the most masterly supports of donothingism it has been the misfortune of the medical press to promulgate for many a day. Admit his premises if you will, admire his argument as you must, his conclusions do not follow. The treatment that

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Nothing new for Science to ridicule what it is eventually compelled to accept.—Burgess, *Medico-Legal Journal.*

proved effective under the former theory of the disease is just as effective today, and as improved by the introduction of modern weapons far more so.

As another instance of baseless assumption, Dr. H. B. Weaver, in the same publication treating of pneumonia from the modern standpoint of the pneumococcus infection, and speaking of the death-blow given venesection by Flint, says:

Under the present light of recent discoveries, aconite and veratrum viride have no place in the therapy of pneumonia, except perhaps in the first few hours of the disease, when the physician is seldom called. All close observers freely admit that the arterial tension is invariably lowered after the first twenty-four hours. The use, then, of aconite and veratrum can only add to the burden of the heart, already laboring in consequence of the overwhelming toxemia which is paralyzing its nerve centers on the one hand, and on the other producing stasis on the venous side and lack of blood on the arterial side.

It is a constantly-recurring surprise to us that men who thus condemn without testing, the methods and remedies of their brethren, should do so without first taking the trouble to obtain by reference to the authorities, an accurate knowledge concerning the action of the drugs they thus disapprove. Aconitine, and especially veratrine, when given in small doses exert a tonic influence over the heart, strengthening its force quite apart from the relief afforded by the relaxation of the arterial tension. It is this tonic effect which is secured by the physician who administers these agents in the minute doses of the active-principle specialist. If the ancient full, four-hour doses are employed, that is a different matter. Nor does he take into account the powerful influence of veratrine in opening up elimination and carrying the toxins out of the body. But then—if one waited to investigate before condemning, the verdict might not be so certainly for the prosecution.

That through masters in the profession such discouraging statements, based on theoretical assumption, should be so persistently served up to the profession is exceedingly unfortunate. If we cannot help we should not hinder. We should not tear down the good until from the wreckage we produce we can build a better or at least lay plans by which others may do so.

WHY NOT BE CONSISTENT?

We like to see people speak out bravely with the courage of their convictions. Even though they may be wrong, it is yet better that they speak bravely, for only by such free speech can the truth come to be known. There is nothing to be expected from the coward and the liar.

We are, therefore, pleased when those of our professional brethren who really believe what they are saying, come out frankly and fairly and state that they know of no medical treatment for pneumonia; know not even of any means to favorably modify the course of that malady. Though we heartily disagree with this proposition and our own experience has taught us that, in so far as it applies to ourselves and our own treatment, it is false, we welcome the truth in the speaker, while denying the truth of his assertions.

But, from men who have the nerve to make such frank statements concerning themselves and their lack of knowledge

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What a difference emphasis makes, e. g., the common *people*, and the *common* people.—Epstein.

Dyspepsia: Diet is like medicine—to be taken while ill, and not as a regular regime except when permanently ill.

and ability we look for something more, namely, the logical conclusion that must follow this humiliating acknowledgment: they must perforce to be consistent resign their cases of pneumonia into the hands of men who have faith in their ability to earn their fees. If these gentlemen believe as they say they do, do they tell this to their patients? If so, and the patients are contented to retain them as medical advisers, despite this frank acknowledgment of their impotence, well and good; it is for the coroner to settle whether the physician who can do nothing whatever to favor the patient's recovery, has a right to stand in the way of a better man. But, if the helpless physician has not informed his patient of the truth, he is not only unjustifiably imperiling the patient's life, but in charging for services he has not rendered, he is obtaining money upon false pretenses and morally, at least, is culpable.

Let us then applaud the consistency of these gentlemen by noting that they have publicly announced their refusal to attend cases of pneumonia, on the ground that they "know of no means by which they can favorably influence the course or termination of this disease." Then we shall at least have clear grounds.

PLAYING WITH HUMAN LIFE.

Under the above caption a prominent journal of the lay press, the *Utica Saturday Globe*, says things to which every CLINIC reader should give most serious and thoughtful attention!

These conditions exist. This is what we oppose. It is for the righting of these wrongs that we ask your help. If the lay press is doing this for humanity's sake what should we not do!

THE EVILS OF DRUG ADULTERATION IN NEW YORK.

The medicinal value of the drugs dispensed in a large proportion of the drug stores of New York is so poor, and nostrums whose ingredients are kept secret by their proprietors have been discovered to be so dangerous to public health that a movement supported by the department of health, the medical societies and many of the leading physicians of the city has been set on foot to improve these conditions, says the *Tribune*.

If one may believe the tests made by the department of health and the testimony of prominent physicians, and even druggists themselves, there are few drug stores in New York city where drugs which have a full medicinal value are used; in compounding prescriptions cheaply-ground drugs, whose strength is unknown and whose action cannot be depended upon, are used. Patients in consequence do not respond to the medicines prescribed, and the physician is at a loss to account for it. He does not know whether it is because of the patient's condition or the fault of the drugs, and he is powerless to cope with it. The variation in the strength of drugs sold in New York is so great that the lives of persons are jeopardized. According to one druggist, this condition is due to the commercialism which has crept into the business. Druggists are buying cheap drugs, and few of them are equipped so that they can tell whether or not they are getting drugs which are capable of producing the results expected of them. As a result, many physicians are going back to the method of the old-fashioned country practitioner of carrying their medicines with them, prepared by chemists on whom they can depend.

DRUGS BELOW THE STANDARD.

It was an astonishing condition of things which the department of health found when it began to investigate the

drugs used in the city. The head of its drug department visited eight of the leading wholesale druggists, supplying, according to the department, 99⅞ per cent of the drug stores of the city. "I asked," said he, "for the best drugs they had." Samples to the number of 150 of such drugs as aconite, belladonna, digitalis, lobelia, powdered senna, saffron and rhubarb were secured. Of these the aconite, belladonna, digitalis, lobelia, saffron and powdered senna have been tested. Not one of these proved to be up to the standard maintained by the department of health. Owing to carelessness in grinding and, in the case of saffron, which sells at about $18 a pound, and therefore tempts to adulteration, to the presence of artificially colored flower petals which looked like those of the daisy, there was not one which could be depended upon for strength. Age had also affected some of them.

The "active principle," as the druggists call it, in each drug is not distributed evenly through the part of the plant from which it is taken. For this reason it has to be ground evenly and to a certain fineness. Standards of fineness have been established for different drugs. They must be ground neither too fine, for they may be too strong, nor too coarse, for they may be weak, or uneven in strength, or absolutely inert. Screens containing different numbers of meshes to the square inch are used to determine the fineness. In the case of lobelia, for instance, it should be ground so that all of the particles will pass through a screen having 50 openings to the square inch. About a third of the lobelia obtained passed through a screen of 100 meshes, while some of it would not pass through a screen finer than 20. All the other drugs had this unevenness, so that one could not be sure whether he had the right strength or not, or whether or not there was any of the "active principle" in the drug. The normal dose for aconite, which is used to reduce fevers, is about 10 drops. In the samples examined by the department some were so weak that 22 drops would have been required of the tincture in order to obtain the strength of a normal dose. In other words, a doctor prescribing a normal dose would have obtained less than half of the "active principle" which he wished to give. The life of a child might depend upon the quick reduction of a fever. In such a case he might lose the life because of the weakness of his medicine.

Digitalis is used as a stimulant in heart disease. The samples ranged in "active principle" from 39.44 per cent down to 25.65 per cent, the normal being 35.08 per cent. The character of digitalis and some other drugs, according to the health department, is such that they deteriorate and become inert in course of time. Digitalis should be renewed at least every year. It is sometimes adulterated with a beautiful but worthless leaf. There seems to be a tendency among druggists in replenishing stock to mix fresh materials with the old.

According to one of the leading druggists of the city there are few stores which make it a point to purchase exclusively pure drugs. Probably less than two per cent of the drug stores have laboratories sufficiently equipped to determine the assay of any drug and consequently they are at the mercy of the manufacturing chemists.

GREAT HARM DONE BY NOSTRUMS.

Morphine and cocaine fiends and drunkards are being made every day by the use of nostrums. According to Champe S. Andrews, counsel for the Medical Society of the County of New York, there are 2,000 nostrums on the market containing alcohol, opium, morphine or cocaine. Of these, he said, 800 contain alcohol, ranging in quantity from 15 to 50 per cent; 500 contain opium, 400 morphine and 300 cocaine. Many cocaine fiends have been made by use of catarrhal snuffs, whose formulae were unknown to the users. They did not

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The might of the ocean wave lies not on the froth and foam at its top.—Epstein. Same is true of the schooner.

Dyspepsia: Mark Twain had to give up his meal-a-day plan and go on four-hour little easily-digested meals.

know that the snuffs contained cocaine ranging in quantity from 1 to 3½ per cent.

The following incidents illustrate the effect of some of these nostrums: A lawyer was hurrying along toward the Brooklyn bridge. On the sidewalk was someone giving away samples of a catarrh cure. He was suffering from catarrh, and accepted one. Drawing some of it up his nostrils he experienced relief and began to feel surprisingly well. He decided to continue the remedy, and bought a 50-cent bottle. He used it, and one after another bought 15 bottles. He had become a cocaine fiend, and for two weeks he used straight cocaine. He went to a sanatorium and finally broke the habit.

In a city of Vermont a clergyman was taken ill.

"Alcoholism," said the doctor.

"There must be some mistake," said the minister's son. "My father is a clergyman. He never drank a drop of liquor in his life."

"I am certain that he is suffering from alcoholism," replied the physician. "What has he been taking?"

"——," said the son, naming a much advertised medicine which analysis has shown to contain a considerable percentage of alcohol.

These nostrums are made cheaply. A widely known firm of manufacturing chemists told me that a secret medicine requiring advertising to sell it and intended to be sold for $1 would provide no profit if it cost more than 9 cents a bottle to manufacture. A certain laxative pill cost 15 cents a thousand to make. It is sold at 50 cents a hundred. Prescriptions sent out by some firms are notoriously useless.

Doctor these are facts and you know it! Did it ever occur to you why this exists? How this gets to the people to your detriment and theirs? Who keeps it constantly before them for your undoing? Who, not interested in better pharmacy, gives its chief thought to what may be made on peruna and how many they can delude into taking "pink pills for pale people"? Who and what are leading you by the nose? How they are doing it? And the remedy?

On this same topic the *Chicago Record Herald* at about the same time had this to say:

INERT DRUGS

The department of health of New York City has been analyzing drugs. Its results have been so startling that movement to secure state supervision of drug stores has been started with the active support of nearly all of the medical societies in the city. They show that a very large proportion of the drugs sold even in the best drug stores of the city are so heavily adulterated or of such poor quality that the purchaser or the physician who prescribes their use can never be certain of what the effect will be.

Samples were obtained of the very best drugs sold by eight of the leading wholesale drug firms of New York. firms which supply, according to estimate 99⅞ per cent of the retail stores of the city. One hundred and fifty samples of aconite, belladonna, digitalis, lobelia, senna, saffron and rhubarb were secured. Of those thus far analyzed not a single one has been up to the standard set by the department of health. Some of them were adulterated, some were weakened by age, some were improperly ground. Some of the aconite was so weak that the effect of a normal dose of ten drops could not be secured without using twenty-two drops. The strength of the belladonna varied so widely that a normal dose could be secured from eight drops in some samples, but required fifty drops in others. And with other drugs similar results were reached.

The druggist, wholesale or retail, who does not make sure of the purity and strength of his wares has no right to

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One copper coin in an empty pot will ring loud if you shake it.—Talmud. Yet some people have not even the copper coin to shake.

The sodium ions of the blood are essential for the maintenance of life phenomena.—Loeb said it.

complain when he is cheated on his insurance policy. His own cheating is of the worst. A means of controlling the trade will have to be found.

And this is but a sample. See what *The Ladies Home Journal, Collier's, Everybody's* and many others are doing for us, the people, and how little we are doing for ourselves. You are "The Doctor."

THE RATIONAL TREATMENT OF CHILDREN'S DISEASES.

The physician who treats successfully the acute diseases of children usually has the full confidence—and practice—of their parents. The doctor on the other hand who loses a case of scarlet fever or measles, irreparably injures his standing in at least that particular family. The practician whose work lies in the country or small towns and the family doctor of the city, both derive a large part of their income from pediatric practice, and to be permanently successful must understand how to control the fears of the anxious mother, gain the good-will of the child itself and, more important than all, *get results.*

There are some doctors whose arrival presages a time of stress and trouble, of trained nurses and heavy bills; the little patient meanwhile, running the regular course of his particular disorder, coming, perhaps, very close to the grave and returning to health only after weeks of care and anxiety. But this particular kind of physician has the faculty of making people think he has done a great work; the child was "unusually ill and only the most skilful treatment and devoted nursing could possibly have saved his life." He collects a heavy fee, leaves, covered with *eclat* and is highly recommended for serious cases. And as some people rather like "their cases" to be looked upon as serious, this gentleman makes a good income—provided, of course, there are enough well-to-do people to employ him.

Other doctors again have a habit of pooh-poohing all children's diseases and of telling the parents to "keep the patient alone and warm, feed lightly, grease the body and let matters take their course!" Now if the child happens to go along well and recovers, the doctor gets little or no credit since he himself said it was "nothing much." If, on the other hand, the fever *should* happen to jump up suddenly in the night, or epistaxis occur, the anxious parents or some nervous neighbor are more than likely to call another physician who on arrival is quite apt to shake his head and ask why they didn't send for him sooner? When he hears that Dr. So-and So has had the case, he may wish he hadn't said anything at all, but the result is the same and the first practician's reputation is gone forever in that family!

The doctor who really *knows* how to treat both children and their diseases; who inspires confidence because he is confident of himself; who takes all needed precautions and insists upon *proper* nursing but nothing more — compares very favorably with either of the other gentlemen. This variety of practician usually has all his little patients looking forward to his visit; his medicines are not intolerably nauseous and even when they don't taste good he can get them down without a fight, becauses he carries some "salt" in the shape of peppermint or clove sugar tablets or has some other

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A lie oft-repeated may be taken as truth, and truth not proclaimed can do no good.—Epstein. Silence is not always golden.

Diminished alkalinity of the blood goes hand in hand with increased susceptibility to infection.—Sajous.

method of rewarding obedient children. This kind of man tells the parents frankly when their child *is* really ill but makes them feel that he possesses the necessary skill to bring it through safely. Of him you hear, "we feel safe just as soon as he comes in the house." He is the doctor that people simply insist be sent for when the children of some new resident take the whooping-cough. He, too, is the man who is hurriedly summoned in the middle of the night and begged to save some little one slowly choking with croup—perhaps after some other physician has given up hope. If he, after a moment's careful examination of the child, hastily bares its throat and takes out his instrument case there is no protest from the mother; she *knows* that only so may Death be driven away.

There is never any display or "fuss" about this man's work; he laughs perhaps even where others would feel it incumbent upon them to look very serious; but everyone, from the sick child to the grandmother "who has raised ten children of her own", knows intuitively that what *can* be done will be done—and done moreover, at the right time and in the best way. This man is not usually known as a pediatrist but is affectionately spoken of as "the best children's doctor around." Perhaps no better character could be desired by the physician but—it has to be *earned,* and is not given lightly.

Modern methods of medication have unquestionably made things much easier for "the children's doctor:" in the first place we know definitely how to control the acute diseases; and in the second, the necessary remedial measures are now far from being unpleasant. Still there are doctors who follow the old methods, exhibit obnoxious medicine and consider it necessary for certain diseases "to run a definite (and very uncomfortable) course." To these gentlemen especially, the article which will be contributed to the next issue of the JOURNAL by Dr. Geo. H. Candler should prove of interest. In it the rational treatment of the infectious diseases will be outlined and, at the same time, the possibility of shortening their course will be considered.

That intelligent medication, instituted early, will markedly modify or entirely abort such diseases as scarlet fever, measles, chickenpox, parotitis, etc., is an established fact, and in this article the writer will explain just what to do, how to do it and *why* it is done. There will be no theorizing; the writer will, in plain language, describe the conditions we all have to contend with; he will point out "diagnostic landmarks" and tell how we may, in the beginning, tell just what infection we have to combat. Then the different treatments called for will be definitely outlined and each little patient carried through safely to the post-convalescent period. Every measure suggested will have been "tried, time and time again in the clinical fire" and must with ordinary care, prove as successful in your practice as it has been in that of the writer.

AUTOTOXEMIA AS ONE OF THE CAUSES OF EPILEPSY.

Just as sure as is the onward progress of the chariot of progress, so sure is to fact that the profession is recognizing, from day to day more fully, the great

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Von Noorden, the great German physician from Frankfort-on-Main succeeds to Nothnagel's chair in the University of Vienna.

Sodium benzoate and salicylate stimulate all the glandular secretions, the latter increasing the quantity of bile.

importance of autotoxemia as an etiologic factor of disease.

In discussing epilepsy, Dr. Hughes states that the treatment does not consist merely of an attempt to prevent the return of fits. In his opinion (*N. Y. Medical Journal*, January 20, from the *Jour. de Med. de Paris*) autointoxication probably plays an important part in the causation of paroxysms, and the reputation gained by silver nitrate in the treatment of epilepsy, probably depends upon the power which the drug possesses of destroying intestinal toxins. Among all other measures, it is therefore necessary to see to it that the digestive canal is disinfected and perfect digestion established.

FOOLISHLY EXAGGERATED CLAIMS FOR HYDROGEN PEROXIDE.

Many useful remedies have fallen into disrepute or ill-merited oblivion on account of the exaggerated, unjustifiable claims made for them by over-enthusiastic advocates, or financially interested manufacturers.

If we don't look out a similar fate will overtake our well-known peroxide of hydrogen. Peroxide of hydrogen, or more correctly, in chemical nomenclature, hydrogen dioxide (H_2O_2) is a very useful member of our therapeutic armamentarium. It is non-poisonous, it is an excellent cleansing and antiseptic agent and its selective action on pus is quite remarkable. But it is first, last and all the time a local agent. Applied locally, be it to wounds, ulcers, diphtheritic sore throat, or what not, its action is all that can be desired, and in some cases it cannot well be replaced by any other remedy.

But when we see the product recommended by interested manufacturers in pneumonia for its supposed action as a carrier of oxygen to the blood, when it is extolled as a wonderful antiseptic in intestinal diseases, it is time that we, as rational therapeutists, call a vigorous halt. As a means of supplying oxygen to the body it is useless. As Hare says: "The employment of H_2O_2 internally, with the idea that it will yield oxygen that is lacking in the blood, is futile. Even if the oxygen (from this combination) entered the blood, the amount disengaged from the possible dose would be too small to be of value."

But it is in its recommendation as an intestinal antiseptic, that the absurdity reaches its acme. Peroxide of hydrogen is one of the most unstable of all chemicals. In fact, it is upon this instability, upon the readiness with which it parts with its oxygen, that the value of hydrogen peroxide depends. This evolution of oxygen takes place particularly in the presence of organic matter. The oxygen is given off, and nothing but water is left; $H_2O_2=O+H_2O$. When we take hydrogen peroxide internally, it begins to decompose as soon as it passes our lips; it is being decomposed in the esophagus and the process continues and is completed in the stomach. To believe for a moment that after prolonged contact with the gastric juice, with the semi-digested food, with the stomach walls, the peroxide is still peroxide and will pass the pylorus and duodenum as such, and will exert its antiseptic action on the intestinal contents, shows an unfamiliarity with the chemical behavior

Man is not always a watch; his face is not always the dial of his inner works. So says Father Epstein.

The clergyman's friend and Congressman's delight—peruna and Duffy's malt whisky, have been required to pay federal liquor taxes.

of this substance which is truly deplorable.

Peroxide of hydrogen is an excellent agent in its place. But do not discredit the preparation by expecting too much from it, and do not injure your patients who are in need of an intestinal antiseptic, by giving them a substance which, after being administered per os, can, in the intestines, have no more effect than so much water.

It is to be noted that "peroxide" is being extensively and fraudulently advertised to the laity as a "cure-all" for intestinal trouble, all sorts of sore throats, etc. It is the duty of every physician to let the truth be known, and when he wants a "peroxide," and he often will, to use one (and there are several good ones on the market) *not so advertised.*

COLLIER'S.

There are about 150,000 physicians in America. There should be among them 150,000 subscribers to and active agents for *Collier's Weekly.*

NOT because that journal is making a strong fight against the patent medicine men and it is to our interest to encourage the movement: BUT because the disclosures made in *Collier's* show the frightful wrong that is being done to the ignorant and gullible community, to the sick and suffering, whom it is our sworn duty to protect.

We have spent the last hour reading files of *Collier's* containing the records of investigations made in persuance of this work—and we are simply amazed. Of course we knew in a general way—and through some notable examples occurring within our own knowledge—that much harm was done by indiscriminate nostrum guzzling, but these articles for the first time give some idea of the immensity of the evil.

Doctor, we will waste no words talking of this matter. Get the papers and read for yourself — and see if we are in any degree exaggerating.

Do this now—it's worth your while.

A GREAT MEDICAL MEETING COMING.

In the states of Illinois, Iowa and Missouri there are thousands of good doctors who do not (but should) belong to the great American Medical Association. Many of these cannot this year go to far-away Boston to attend its meeting; large numbers of its members, even, cannot make the journey. To both classes the CLINIC wishes to extend, through its Editor-in-Chief, Dr. Abbott, who is the president, an invitation to attend the meeting of the Tri-State Society which will occur in one of the large central cities of this territory, in the early summer, definite date and place of meeting to be announced later.

This society, although independent of all others, is not in the slightest degree antagonistic to the American Medical Association or any of the State societies—in fact, its membership is largely made up of those who belong to both, some of them having held the highest offices in the gift of the American Medical Association as well as the three several state associations.

The date of this meeting will be fixed for a time such as will not conflict with either the national or state societies and

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Grasp not a wasp's nest lightly
When you grasp, grasp tightly.
—Epstein.

Harvey was a crack-brained imposter; questioned authority of ancients; undermined religion and subverted Scripture!

due notice will be given a little later.

The only way in which this society materially differs from other great societies is that its members are not *compelled* to belong to any county or state organizations. Any legally qualified practiser of medicine in one of the three states is eligible to membership, the only requisites being that he be an honorable man who does not proclaim himself as practising exclusively some distinct "system" of medicine, and that he be vouched for by two members of the society.

As to the meeting itself; papers and demonstrations have been promised by some of the most prominent teachers of the medical schools, as well as a number of the most experienced men of the numerous smaller towns who are really doing some of the finest work in the world in medicine and surgery.

Whether or not you expect to attend your state and the American Medical Association this year, bear in mind that the Tri-State Medical Society will be most enjoyable and instructive. There are no banquets, no receptions, no airing of grievances—just plain work of the kind that makes doctors better and wiser.

"Come over and join us." Come prepared to say something—to work—to help make the meeting a great success. You will find the preliminary program on another page.

INTESTINAL ANTISEPSIS.

We thought that ghost was laid forever, but again we were told at a recent medical meeting that, "It is not possible to render thirty feet of bowel aseptic."

Let us reply to this objection for the steenth time. The normal contents of the bowels in health form one of the most dangerous substances known—a mass of dead organic matter, decomposing under the influences of heat and moisture, swarming with innumerable germs of innumerable varieties. When fever of any description occurs, the restraining influence of the bile and other digestive fluids is, to a greater or less extent, removed; the operations of microorganisms are enormously increased, and those hitherto innocuous are apt to develop virulence, while absorption from the alimentary canal into the blood is enormously increased. These indisputable facts render the bowels a source of danger in every fever; and from time immemorial the necessity of inaugurating the treatment of any fever with a cathartic has been recognized by all practical physicians.

In typhoid fever we have the added danger that the stools, further contaminated by the presence of a specific pathogenic organism, are in contact with surfaces at first inflamed, and, later, ulcerated. How can any physician claim that this is a matter of indifference? Would you use the typhoid stool as a poultice to be applied to ulcers or wounds or to inflamed tracts on the surface of the body? If not why are they less advisable as applications to similar tracts on the internal skin, the alimentary mucous membrane? Surely, there should not be alive today a solitary physician who would doubt the imperative necessity of clearing out from the bowel as much as possible of this dangerous substance and disinfecting the alimentary tract afterward. But is this possible?

When Lister introduced the antisep-

The really fortunate succeeds through escaping the fortune which worldlings consider the highest fortune.—Gustave Mueller.

Exercise is loathsome and it can never be of any benefit when you are tired; I was always tired.—Mark Twain.

tic methods he devised means by which he attempted to remove from the surgeon's hands and the surface of the patient's body to be operated upon all pathogenic microörganisms and absolutely prevent the access of similar disease-generating germs. This ideal is now known to be unattainable. Such a thing as perfect asepsis or perfect surgical cleanliness is an impossibility. If it could be once produced it could not be maintained for the fractional part of a second. Every surgeon will admit this, and that all he does or seeks to do is to make an approximation as close as possible to it, leaving Nature's resistant forces to do the rest. Upon this approximation is built the science of modern surgery and this alone makes its glorious triumphs possible.

Such an approximation to asepsis we seek to produce in the alimentary canal and the objection that the ideal of perfect antisepsis cannot be produced applies no more in the one case than in the other. Because it is impossible on the surface of the body the surgeon does not go back to the pre-Listerian era of filth—but that is precisely what the opponents of intestinal antisepsis ask the physician to do.

The basis of the practice of intestinal antisepsis, however, is not built on theory, but experience. It is a fact which confronts us, and that fact, which has never been called in question, is the uniform diminution in the gravity of the symptoms present in any case of any fever but especially in typhoid fever, when the alimentary canal has been emptied and a sufficiency of disinfectants has been given to render the stools odorless.

Explain it as you will, the fact remains. And the further fact is, with the former, rapidly possessing the medical mind, that of all "clean outs," calomel and podophyllin, followed by a good non-irritating saline, take first place, while, as a "clean-up" nothing approximates in genuine utility to the c. p. compound sulphocarbolates.

THE "SUPERIORITY OF LIQUID MEDICINES OVER ALKALOIDS."

The liquid proprietary nostrum manufacturers, in a desperate attempt to stem the tide of professional opinion in favor of the definite, certain, unvarying active principles, are causing certain articles to appear in the journals under their control, tending to confuse the mind of the practician. To show how puerile, how self-condemnatory the articles are, we will take up their arguments.

One of the arguments is that the liquid medicines are more rapidly absorbed. "The rapidity of absorption of fluids by the blood will prevent the cumulative action which sometimes results from the use of alkaloids. This is a factor which should not be forgotten. Many deaths could be charged to this mode of action in the alkaloids."

This statement is as silly as it is untrue, and as untrue as it is silly. One might suppose that the alkaloids are insoluble substances, and that they cannot be administered in solution. It would be insulting to the intelligence of our readers if we were to tell them that the alkaloidal salts—the form in which alkaloids are always administered—belong to the most soluble of compounds. They are all readily soluble in cold or warm water.

Never congratulate a person on his happiness until you know how he sleeps.—Jennings. Yet Hoch slept well before he was hung!

Genius is but a euphonious name for hard work. Where there is a will there's a way. Find a way or make one.

But suppose the alkaloid is administered in the solid state—i. e., in pill, granule or capsule form. Being soluble in the gastric juice, not being enmeshed by a lot of inert matter, the alkaloid is dissolved at once and is absorbed rapidly.

Not so with the galenic preparations. There the alkaloid is usually *in a state insoluble in aqueous menstrua.* For instance, you cannot get out the strychnine from nux vomica, the quinine from cinchona by macerating in water. The menstruum must be strongly acidulated with sulphuric or other strong acid before the active principles can be dissolved out. And only too frequently the gastrointestinal mucosa and glands are unequal to the task of separating out the active principle. Several doses accumulate for a time—and then something occurs, making absorption possible—and here we have the cumulative effect.

And it isn't true that cumulative action is to be feared from the alkaloids; just the contrary is true! For instance, all the reports of the cumulative action of digitalis are reports on the galenical preparations of the drug. We are not familiar with any reports on the cumulative action of digitalin. And this is a point of the utmost importance for every practician to remember, a point which has not perhaps been sufficiently emphasized before: most of the alkaloidal salts *in the form in which they exist in plants are soluble in alcohol, ether and strong acid media, but insoluble in water media,* while the prepared and extracted alkaloidal salts—the sulphates, nitrates, hydrochlorides, etc., are soluble in water and in aqueous menstrua.

The second argument is: "The alkaloids, when you have said the best you can in their favor, are at best only a part of the original plant." Of course they are only a part, but the best, the useful part. Nobody claims that sugar is the same as sugar cane, but we are perfectly satisfied with the sugar, leaving the mark to the cows. "Who would be rash enough to assert that all of the good of cinchona lies in the quinine or that of nux vomica in the strychnine?" Nobody has ever asserted it. Cinchona has other valuable alkaloids—cinchonine, cinchonidine and quinidine, and they are isolated and used as such. On the other hand we would ask: "Who would be rash enough to assert that the *wood* of cinchona has definite remedial properties, after the quinine, quinidine, cinchonine and cinchonidine have been extracted? And who would care to treat a case of malaria with the crude cinchona, instead of the alkaloids, anyway?"

And as to strychnine: we can do with strychnine whatever good can be accomplished by nux vomica, but in a shorter time and in a safer and more definite manner; but we cannot always accomplish with nux vomica what we can with strychnine. Tell us honestly: in a case of heart failure or collapse, to what would you pin your faith, to nux vomica or to strychnine? And the same can be said of every plant that has an insoluble active principle.

The liquid nostrum manufacturers and those interested in the sale of galenical preparations of uncertain strength will have to bring forth stronger arguments, before they succeed in stemming the tide towards rational, definite, certain, scientific therapeutics.

We are enlightened by the light of those whose light has gone out, but nevertheless is shining yet.—Epstein.

The President says the present medical corps of the army is only large enough to care for 40% of the present army. In case of war?

LEADING ARTICLES

THE EVOLUTION OF DRUG THERAPY AND SOME OF THE ELEMENTS OF UNCERTAINTY, OF DRUG THERAPY.

BY W. C. ABBOTT, M. D.

" Give me truths;
For I am weary of the surfaces,
And die of inanition. If I knew
Only the herbs and simples of the wood,
And rare and virtuous roots, which in these woods
Draw untold juices from the common earth,
Untold, unknown, and I could surely spell
Their fragrance, and their chemistry apply
By sweet affinities to human flesh,
Driving the foe and 'stablishing the friend—
O, that were much."

THE mind hungers for principles. For years we have listened to the cry "Give me truths!" and the master minds of our profession have devoted their lives to tracing possibly a single symptom of what was once called disease, back to the law of its origin.

It is a satisfaction to have lived in a generation in which medical science achieved its greatest victories, when it proved the law which alike controls the birth, growth, decadence of a normal or a planetary system; that law suspected, guessed at, but never comprehended until recently when it became known that when an organ or a part of any living entity hesitated in its work, that moment the destroying forces attacked it and did not rest from their labors day nor night until they had taken it to pieces, reduced it to its simplest elements and restored them to the common depository, the earth, for use.

The workmen in this process were once called decomposition and decay. We know them better now as the living laborers, the unbuilders of nature. These by countless millions are the enemies with which medical and surgical science largely has to contend. To obstruct their work, arrest their mysterious reproduction, clear them or their toxins out of the human body and restore the tissues and organs to their normal condition is the Herculean task committed to our joint profession.

Every year the cause of science has been pressing onward. The advance in our profession has been marked by more triumphs and greater victories than in any other department of human endeavor. Yet in the scientific application of remedies to disease the progress has not been so great.

It is true that since Magendie's historic pharmacologic experiment to determine if strychnine had a specific action upon any organ there has been a great advance in rational therapeutics. The great advances have been made, however, in the realms of pathology, bacteriology, etiology and surgery. In surgery especially, results have been so near the miraculous that it is scarcely blasphemous to say that "the marvels of laparotomy are more wonderfuly and infinitely more serviceable to mankind than the miracles of medieval times."

The result has been that we have been

filled with enthusiasm for the work of "the man behind the knife," and, like the mountain-climber who, having heard of the grand scenes that are spread out before those who reach the height, struggles up over steep walls of rock, through ravines and past obstructions and many beautiful scenes of most varied character, overlooking everything in his mad desire to gain the one end; so the physician, in his enthusiasm over surgery, in his zeal in his search for schizomycetes and other germs is too intense and scientific to consider the treatment of the sick, or to ascertain the action or quality of any drug which he may deign to administer to some suffering patient.

Diagnosis is of the utmost importance, but of no more value than (if as much) the proper treatment of a patient, said treatment being based on the indications of the symptoms presenting.

The man who would give us a remedy that would prevent or cure any one of the present so-called incurable diseases, though he did not know a pathogenic germ from a pug dog, would benefit mankind infinitely more than a dozen scientific diagnosticians and therapeutic nihilists.

One of the earliest and most pressing needs of humanity was a knowledge of remedies with which to combat pain and disease, and as remedies had to undergo preparation of some kind before they were administered it follows that the art of pharmacy must have preceded that of medicine. In truth, in the earlier history of our race and even up to a period not so very remote, pharmacy and medicine were "twin sisters."

The work of the great Italian anatomists, Vesalius, Fallopius, Eustachius and others, in the latter half of the sixteenth century, led, eventually, as Leech remarks, to the overthrow of the Galenic system of drug therapeutics. The early editions of the London Pharmacopeia (1618) probably indicate fairly well the method on which drugs were used in England at that day for the cure of disease.

We also see the influence of the discovery of the New World on medicine, for guaiacum, cubebs, sarsaparilla, and sassafras, are amongst the official substances. Nearly all the compounds were very complex, many of them containing 30 to 50 ingredients; in the *"Antidotus Magna Matthioli Adversus Venena et Pestem"* there were 131 ingredients.

All the advocates of theories in those days contributed something to the knowledge of the treatment of disease by drugs: To Willis and Sydenham we owe the greatest advances. Willis' prescriptions are complex and contain not only a large number of useless agents, but such remedies as the human skull, vipers' flesh, millipedes, etc. Sydenham attempted to determine definite lines for the administration of drugs; he also sought to discover specific remedies, such as he held cinchona to be for ague. He preferred vegetable drugs to animal or mineral. His prescriptions were more simple than those of Willis, and they are almost free from absurd constituents.

Despite the influence of these two men, we find that the Pharmacopeia of 1677 contains about as many drugs and compounds as that of 1618.

At the end of the seventeeth century the theories of Boerhaave, Hoffmann and Stahl, considerably influenced therapeutics. Not only these men, but many

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What appears to be intercostal neuralgia is sometimes the first indication of thoracic aneurism.—Heinen.

The Army needs 150% more surgeons. The surplus doctors in the country would fill rank and file of regiments. Coapt!

others, added something to the general fund of knowledge concerning therapeutics, but nevertheless the treatment of disease by drugs improved but slowly and was dominated by strange conceits and superstitions. The formulae in the Pharmacopeia of the Royal College of Physicians in London (1721) were crude, but somewhat less complex than in the previous century, although "Mithradatium" contains 49 ingredients; "Theriaca Andromachi" 63, including vipers' flesh; and one of the "Confections," 50 ingredients. Twenty-five years later the Pharmacopeia of the College of Physicians indicates a considerable change. The compounds are much simpler, and with few exceptions they are not unlike those of the present day in the number of their ingredients.

The London Pharmacopeia (1788) and that of Edinburg (1780) reflected the rapid advance of knowledge in Physiology, Pathology, Chemistry and Medicine. The excessively complicated formulae, which the older pharmacopias contained, were swept away.

With Brown, Broussais and Hahnemann the theoretical systems of treatment which had succeeded one another since the sixteenth century, came to an end. Therapeutics became rational. The advances of chemistry gave facilities previously wanting, for exact investigation of the action of drugs. Stoerk, indeed, in 1762, had published a good account of the action of henbane, aconite, and some other drugs on the healthy organism, together with the therapeutic inferences he drew from this action.

As chemistry advanced, greater efforts were made to find the active principles of plants. All investigators recognized the importance of determining and isolating these principles, but it was not until the early part of the nineteenth century that chemists were enabled to separate several important alkaloids. Morphine was discovered in 1816, quinine in 1820, strychnine in 1818. These discoveries facilitated those investigations into the action of drugs on the various organs and tissues of the body and their functions of which Magendie, as has already been stated was the pioneer. Soon chemists throughout Europe were busy in attempting to separate the active principles from all well-known drugs, and physiologists and pharmacologists, notably Claude Bernard, were equally active in following out the researches which Magendie initiated. The discovery of the active medicinal principles of plants marked the greatest advance in modern drug therapy.

We are surrounded by "a cloud of witnesses" who will testify to the incomparable value of these active constituents over the galenic preparations; yet habit and custom are so strong, that many physicians still continue to use tinctures, infusions and other unreliable fluid preparations of crude drugs.

Advanced pharmacists and physicians have long recognized the unreliability of these preparations and have sought to improve our pharmacopeia by the introduction of "standardized" preparations that will contain a uniform amount of the alkaloidal principles in a plant.

The effects of crude vegetable drugs, and therefore of the galenic preparations obtained from them, are apt to vary; and this variation is at times increased by differences in the method of preparation. Hence arises, perhaps, the divergence of

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Don't forget that the careless use of the ice-bag may cause intercostal neuralgia. Watch out.—Heinen.

Labbe finds deficient elimination of chlorides a factor in obesity; restriction of salt is then a point in its treatment.—*N. Y. M. J.*

opinions so often noted with regard to the therapeutic powers of certain drugs.

It is to be regretted that many pharmacists, dominated by price-considerations alone, take no precaution to even secure a good quality of crude drug, being willing to sacrifice a patient's chances of recovery and a physician's reputation *for mere money*. The "standardized" preparations have obviated, to some extent, a source of error in drug-therapeutics, but it must be manifestly obvious to any thinking physician that even a "standardized" preparation cannot be equal in concentration, activity, uniformity and consequent reliability, to the alkaloid or active principle of the drug itself. Note what our best authorities say about crude drugs and their preparations.

Wm. Murrell, M. D., Physician to and Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, London, in his "Manual of Pharmacology and Therapeutics" says:

"Very many vegetables and organic, as well as inorganic combinations are susceptible to change under the influence of the atmosphere. . . The well-known variability of different specimens of ergot probably arises from the fact that ergot unless carefully dried and packed in closely sealed receptacles soon loses its activity. Freshly-gathered pomegranate-root bark is a reliable anthelmintic; but when dry and old it acts as an emetic and intestinal irritant.

"As a rule collectors of crude vegetable drugs are but imperfectly acquainted with their botanic characters, and fail to distinguish accurately between allied species. In many cases the physical or chemical distinction between good and bad drugs is difficult and sometimes it is even impossible of determination."

"The activity of a drug often depends upon its habitat. The representative commercial values of different varieties of opium, aloes and colocynth, for example, depend very much on the country in which they are grown. While one or two grains of Socotrine aloes will induce a comfortable evacuation of the bowels, a similar effect cannot be produced with any certainity from five times this dose of Arabian or Moka aloes. Digitalis grown on the hills is much more active than the foxglove which grows in the valleys or is cultivated. English and American hemp are quite different in physiological action from the hemp grown in tropical climates, which yields hashish."

"The season of the year at which a plant is gathered notably affects its medicinal activity. For example, digitalis, especially the mountain digitalis, gathered on mountain ranges of central Germany, is much more active when the plant is in full bloom and at the acme of its vigor. The corm and seeds of colchicum yield a much *larger percentage of colchicine** when the plant is in full bloom than at other periods of the year.

"The juice of *Ecbalium elaterium* or squirting cucumber yields from four to five percent of elaterin when collected in July, whilst in September it is almost entirely destitute of this principle. Extract of hyoscyamus made from the dried leaves, contains very little alkaloid while an extract made from fresh leaves yields a considerable percentage."

"It is reported that the practice is not uncommon to defer the sale of roots of

*The italics in this article are mine; you do the thinking.—W. C. A.

Don't forget that abdominal pain in children is sometimes a symptom of pneumonia.—Heinen. Good point.

The Panama canal is being dug with as little sickness as would occur in a similar ditch from Philadelphia to Baltimore.—Gorgas

Convallaria majalis (lily-of-the-valley) until after the flowering season, by which time all their medicinal properties have vanished. . . .

"Powdered drugs are commonly of inferior quality for two reasons: First, because inferior and less-sightly portions of the plant are employed in their preparation; and second, because the facilities for adulteration are great."

"It is often found that powders are offered at the price of, or at an inadequate advance upon the cost of, the crude drug, notwithstanding the loss which of necessity results from powdering and drying, to say nothing of the labor involved."

"Many pharmaceutical preparations, as ordinarily purchased, are not in accordance with the requirements of the Pharmacopeia. Tinctures vary materially in character and quality, and there is reason to believe that many tinctures are systematically prepared of light weight, both as regard drug and menstruum, in order that they may be sold at a lower price."

Some years ago Prof. C. Lewis Diehl, of Louisville, Ky., issued a report on "Deteriorations, Adulterations and Substitutions of Drugs," in which he gave a list of roots which had at different times been examined by competent authorities. It was found that "much of the aconite root sold was tasteless, having evidently been first exhausted and then dried. Of three packages of arnica, one contained fifty per cent, another only ten per cent, whilst the third contained none at all," etc.

From Oldberg and Wall, "A Companion to the United States Pharmacopeia;" "Well-made fluid extracts are, as a rule, the most efficient as well as convenient of all preparations of vegetable drugs. . . . It is obvious that in order to thoroughly extract the *active principles* it is generally necessary to bring the solvent into actual contact with them, which can only be accomplished by breaking, tearing or separating the cells, which make up the structure of the drug."

"The drug from which a fluid extract or any other galenic preparation is made, must be thoroughly sound, of good color, have the proper characteristic odor and taste belonging to it, and must be free not only from parts of other plants or substances and from dirt, but from inert portions of the same plant. It must have been gathered at the proper season, and when used it must be thoroughly air dry. *Unless all these conditions are fulfilled the products must inevitably be inferior if not worthless.*"

"Fluid extracts are so prepared that each cubic centimeter of the finished preparation represents the active constituents of one gram of the drug. . . To prepare fluid extracts, such as fully represent all of the medicinal activity of the respective drugs, cubic centimeter per gram, and *which keep well, retaining their activity and their freedom from deposit, is by no means easy.* . . The very best fluid extracts *require to be carefully preserved in order to retain their good quality. They must be kept in a moderately warm room, where no great or sudden changes of temperature* take place, and *as many of them are unquestionably more or less injured by exposure to light,* they should be kept in a rather dark place or preferably in amber-colored bottles."

In commenting upon tinctures, Oldberg and Wall say: *"We believe that many of the official tinctures are useless*

In pneumonia look after the stomach. If largely dilated it displaces the heart and increases its work.—Heinen.

J. M. Taylor seconds Sajous' suggestion to maintain antitoxic blood by early use of saline solution in all fevers.—*Med. Record.*

preparations." They mention a large number as being, in their opinion, superfluous, among them they mention aconite, belladonna, bryonia, Indian cannabis, cimicifuga, cinchona, hyoscyamus, ignatia, lobelia, nux vomica, physostigma, quassia, sanguinaria, stramonium and veratrum viride.

Prof. Joseph P. Remington, Professor of Theory and Practice of Pharmacy, etc., in the Philadelphia College of Pharmacy, says regarding the tinctures: "The use of alcohol as a solvent for the *active or useful principles* of drugs has been practised for many years, but it has required a long time and much experience to determine the proper proportion of water to dilute the alcohol so that the menstrua should thoroughly exhaust the drugs without extracting the inert principles, and yet contain sufficient alcohol to secure *permanent preparations that will not deposit in time a portion of their active constituents."* "The striking advantages possessed by fluid extracts" are, says Remington, (1) Permanence. (2) Concentration. (3) The uniform relation existing between the fluid extract and the drug."

Speaking of the precipitates which occur in fluid extracts, Remington says: "The character of the precipitates should be ascertained: *if active,* they should be incorporated by shaking with the fluid extract; if inert, they should be filtered out." Regarding the importance and value of alkaloids Remington says: "The *alkaloids are unquestionably the most important of all the organic compounds which are of interest to the pharmacist; the most active and potent remedies that he dispenses belonging to this class of principles* . . . They are generally the *active principles* of the plants in which they reside, and are mostly very poisonous or *energetic remedies,* having a bitter, acrid, or pungent taste."

Prof. Wm. H. Thompson, New York, in "Note on Materia Medica and Therapeutics," says: *"An alkaloid is a definite chemical substance of organic origin. The preparations of the drugs from which the alkaloids are obtained may vary in strength, but not the alkaloids themselves, which are always of the same strength, and hence are said to be definite."*

Prof. Hobart Amory Hare, in "A System of Practical Therapeutics," says: "If simplicity be not an unerring sign of the master in medicine, multiplicity of combination is without doubt the mark of the bungler and of the ignoramus. It is usually better to prescribe powerful remedies singly. . . . A very important consideration in regard to the combining of drugs, is that even when drugs are to be exhibited together it is frequently better to keep them separate and uncombined, because the exigencies of the case may well require variations of the dose of the one without corresponding increase or decrease of the other."

Here is a mass of evidence concerning the galenical preparations which, it seems to us, must convince the most conservative, that the chances for securing uniformly reliable and stable remedial agents from members of this class are, to say the least, far from probable. That there are many good galenics we do not propose to deny, but the very fact that the crude drugs upon which even the conscientious manufacturer must depend are very often of uneven

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Don't make the mistake of overfeeding your pneumonia patients; don't give gas-forming food.—Heinen.

All cases of acute rheumatism articular need rest; not only of the joint but which is more important, of the heart.—Morgan, *Med. Rec.*

quality shows the complexity of the problem with which he has to deal. And what opportunities are opened for fraud and deception to the unscrupulous.

We shall continue the discussion next month with further testimonies from other authorities.

Chicago, Illinois.

(To be continued)

MUTUAL RELATIONS OF DRUGS AND THE DIGESTIVE ORGANS.

BY J. H. SALISBURY, A. M., M. D.
Professor of Medicine, Chicago Clinical School, Chicago

IT is laid to the charge of modern therapeutics that it lags behind the other departments of medicine in the advances of the last two decades. This appears to be especially true in the practical application of physiologic and pathologic investigation to the administration of medicines through the gastro-intestinal tract. Little attention has been given to the effect of the varying condition of the digestive organs in modifying the effects of medicines or to the changes that they may produce in the organs themselves.

In one of the best books on materia medica, the statement is made without modification or discrimination that crystalline substances, as, for instance, alkaloids, are rapidly absorbed from the stomach. Now the experiments of von Mering, v. Otto[1], Z. Inouye and T. K. Kashiwade[2], K. H. Bass[3], and others have demonstrated that in dogs and probably in man iodides are not absorbed by the mucous membrane of the stomach, while strychnine is not absorbed from the stomach of the rabbit, but is from that of the dog and probably by the human stomach. On the other hand salicylic acid and even salol are absorbed by the gastric mucosa and it is probable that other organic compounds are taken up in like manner with these remedies.

Inouye found that atropine was not absorbed and the same result was obtained with rhubarb. These facts show that some caution is necessary in making a statement in regard to the time and manner in which medicines enter the circulation. The substances that are not absorbed by the gastric mucosa are usually passed rapidly into the duodenum and quickly taken up by the mucous membrane of the intestine. Our information in regard to the behavior of individual drugs is very incomplete, but the general facts that have been established may point to several practical conclusions:

1. For many substances the stomach presents a very uncertain route by which to introduce medicinal agents, especially when it contains food. Absorption from the stomach is probably slight or absent in the case of inorganic salts, better for organic salts, but still very uncertain for alkaloids. When the motor power of the stomach is good the medicine will be propelled into the intestine and there meet favorable conditions for absorption. This will occur in about fifteen minutes if the stomach is empty when the medicine is given. If the stomach is full the expulsion may be delayed until near the

Give water freely in pneumonia; it allays the thirst, reduces the fever and increases the elimination of toxins.—Heinen.

The discovery of living typhoid bacilli in stools months after the host's nominal recovery explains many outbreaks.—*Med. Record.*

end of the period of digestion and the absorption of the medicine may be correspondingly slow. In case the stomach is atonic or subject to stasis from obstruction at the pylorus, absorption may be indefinitely delayed, especially if the drug is one that is not naturally absorbed from the stomach. It is probable that if the stomach is in a condition of catarrh the mucus will present an additional obstacle to the absorption of medicines.

2. The absorption of many substances, such as peptones, sugars, and probably alkaloids and organic salts, is facilitated by the presence of alcohol. This may be an argument in favor of the employment of tinctures, although it applies chiefly to emergencies in which the alcohol could be added extemporaneously. It would seem advisable, therefore, when we are doubtful of the ready absorption of medicines, and especially when there is need of rapid action on the part of the drug which we administer, to dissolve it in dilute alcohol or to follow by some drink containing alcohol.

3. In case the rapid absorption of a remedy is desired, it is probably better to administer it in not too great dilution. The greater the quantity of liquid introduced into the stomach, or present in it at the time of administering the drug, the slower will be the process of absorption, since if it is absorbed from the stomach it will take longer for a large quantity of liquid to pass through the stomach wall than for a small quantity, and if it must first be expelled into the intestine, the larger the amount of liquid, the longer it will take for it to pass into the intestine and reach the point of absorption. The practician often sees illustrations of the difficulties placed in the way of securing the effect of medicine by the amount of liquid in the stomach. I remember a case of gastralgia in which after administering chloroform, morphine, and other anodynes, vomiting occurred with the rejection of probably all the medicines administered. In such a case how futile to expect the prompt action of remedies lying in a mass of irritating ingesta. Prompt and complete evacuation of the stomach is apt to prove the surest anodyne.

The experiments of Cannon[4] point to another practical conclusion regarding the administration of drugs. He found that carbohydrates, such as starches and sugars, left the stomach in a much shorter time than the proteids which are retained in that organ, which is the seat of the first process in their normal digestion; while the carbohydrates, not needing the digestive action of the stomach, pass on almost at once into the intestine where they find their normal place of digestion. The inference from this is that if a vehicle for the drug administered is needed, a syrup is preferable to an albuminoid medium like milk.

The occurrence of iodism in the course of the administration of iodides receives its explanation in the condition of the stomach according to the investigations of A. Djelogolowy[5], who found that this symptom occurred especially in patients with hyperchlorhydria and was due to the fact that nitrites were present in the gastric juice and were decomposed by the acid, yielding free nitrous acid which set free iodine from the iodides. The iodine thus liberated was the cause of the iodism. The danger of adminis-

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If in pneumonia the specific gravity of the urine remains low throughout, be guarded in your prognosis.—Heinen.

Continuance of typhoid germs in stools is explained by Doerr as due to growth in the gall-bladder indefinitely.—*Medical Record.*

tering iodides to the subjects of hyperacidity is thus emphasized, and the proper method of preventing this complication. The administration of an alkali along with the iodide in susceptible cases ought to prevent the presence of free acid and the liberation of iodine. Probably the utility of milk as a vehicle for iodides may find its explanation in this circumstance. Milk or other albuminous food would neutralize the free acid and thus prevent the occurrence of iodism.

The uncertainties of absorption from the stomach may possibly be avoided in some cases by absorption from the mouth. Stevens[6] notes the absorption of nitroglycerin and of tincture of aconite in this way. Probably what applies to the tincture of aconite would be equally true of the alkaloid aconitine. We know that the alkaloid atropine, applied in solution to the conjunctiva, may produce systemic effects without entering the stomach, and the same is probably true of other alkaloids. It would seem probable that success in effecting absorption through this route would depend upon the use of minute doses in fairly strong solution, as when a granule of one of the alkaloids is allowed to dissolve upon the tongue. It is very evident that the simple alkaloid or other active principle stands a better chance of being absorbed from the mouth than the mixture with inert substances in powders, pills, tinctures, etc. An advantage of absorption from the mouth is that the drug passes directly into the general circulation without traversing the liver. Its action ought to be more rapid and effective in smaller doses, because the liver has the power to store up and destroy the poisons which pass through it and would probably in this way lessen the effectiveness of the dose coming to it from the stomach. Its action on the dose absorbed from the mouth would not be exercised until the remedy had passed through all the system and had a chance to act on all the tissues.

Another subject to which, in my opinion, insufficient attention has been given is the action of various drugs upon the functions of the stomach and intestines. I do not refer here to the actions upon which the therapeutic uses of medicines are based in diseases of the digestive organs, but to the incidental effects which may be injurious or otherwise. The accusation is often made against the regular profession that their medicines disturb and injure the stomach. When actual injury is not done the disgust aroused by disagreeable taste or nauseous appearance may by lessening the appetite seriously impair digestion and assimilation. Our medicines should therefore be bitter, but never nauseous; and instruction is needed as to how best to secure the one and avoid the other. But aside from this the possibility of injury to the gastric mucosa is not to be disregarded and if, as we know, a grain of arsenic may produce violently-marked inflammation of the mucosa, what is the limit at which this action ceases to occur? Of course investigation in regard to these effects upon the mucous membrane of the stomach is peculiarly difficult, but it would appear as if pharmacology had not concerned itself with these details, which are to the practician of immense importance.

Recent investigations by Baas and by

In pneumonia give all drugs hypodermically if they do not act promptly when given by the usual route.—Heinen.

Dysentery: Zinc sulphocarbolate with pepsin is very good and much used; the amebae will not thrive in an acid medium.—Jelks.

Hirsch have shown that morphine increases the acidity of the gastric juice and thus leads to a retardation of the expulsion of the stomach contents. It is also known that morphine is re-excreted into the stomach, especially in cases of poisoning. These facts have an important bearing upon the administration of morphine for pain in the stomach. It should never be given when the cause of the pain is hyperesthesia of the stomach to acids, or where an excess of acid is known to exist in the stomach. The absorption of remedies administered to patients who are under the influence of morphine is apt to be materially hindered. Baas found that when iodides were administered to animals or men who were under the influence of morphine, absorption did not take place for hours. This may explain the occasional delay in the appearance of symptoms of poisoning from strychnine when morphine has been taken at the same time. Wormley[7] cites several cases in which under these circumstances the symptoms of poisoning by strychnine were delayed from two to twelve hours. Such cases would seem to indicate that the human stomach does not absorb strychnine, and it is possible that human stomachs may differ in this respect, some resembling the herbivora which do not absorb this alkaloid while others approach the carnivorous type in which strychnine is readily absorbed by the stomach.

An unfavorable influence of iodide upon the mucous membrane of the stomach appears to be the cause of certain cases of gastritis. Purulent gastritis has been attributed to the action of iodine by Kleineberger[8], who relates a case of a man under treatment for asthma by potassium iodide, who developed symptoms of a severe gastritis which terminated fatally, the autopsy revealing suppuration of the gastric mucosa. While there is some reason to attribute this case to the action of mercuric iodide, since calomel was given at the same time or shortly after the last dose of iodide, there is little question of the disease being due to the action of the drugs administered. Such effects of the iodides have been explained by the supposition that an eruption occurred upon the gastric mucosa similar to the acne that appears on the skin in consequence of iodism.

It is not the purpose of this paper to give an exhaustive account of the mutual relations of medicines and the digestive tract, but rather to suggest some of the directions in which the result of research should be applied and also to point out some fields for future investigation.

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Chicago, Illinois.

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Professor Salisbury's thoughtful paper throws many interesting sidelights upon the action of a number of important remedies. Especially pertinent are his suggestions concerning the portions of the digestive tract from which various remedies are most readily absorbed.

Pneumonia: The teaching of such theories as Osler's is responsible for the great increase in mortality.—Dotson, *Medical Era.*

In pneumonia a struggling heart is often aided by placing an ice-bag over the pericardium. —Heinen. Do you agree?

That glonoin will be taken up with astonishing rapidity from the mucous membrane of the mouth we have often called attention to in the CLINIC. Especially interesting are the points which he raises concerning iodides, how best to give them, and how iodism may be obviated.—ED.

THE THYROID GLAND.

BY H. D. CHAMPLIN, A. B., M. D.

II.

IN brief, the views ascribe to the gland an internal secretion that possesses either a nutritive or an antitoxic function, i. e., that under the phenomenon of athyrosis there is withheld from the organism either a material necessary for its nurture, or, a substance having an antitoxic action against certain products of tissue metabolism.

"The great majority of authorities and investigators assign to the gland an antitoxic function which in a direct or indirect manner antagonizes certain poisons of tissue metabolism that, accumulating in the blood, injuriously affect the general organism and in particular the central nervous system."

Langlois, Martin, Gurnard, Oliver, found the pulse became weak and rapid, blood pressure is very markedly reduced, while the arteries and arterioles are dilated, especially the peripheral vessels. There is probably some connection between the phosphorus metabolism and the thyroid secretion, as the effect of congenital absence or early removal of the gland produces an arrest of development especially of the skeleton; the long bones and vertebrae suffering the most.

CHEMISTRY.

In composition the thyroid secretion is a colloid substance which does not contain mucin; from this several important constituents have now been separated.

Most investigators regard the proteids as being the most important and active constituent of the secretion.

Notkin regards thyreo-proteid as an active constituent which behaves like an enzyme.

Gourlay found nucleo-proteid and that it contained phosphorus to the amount of 0.32 per cent.

Baumann and Roos made the important discovery that the colloid substance contains iodine in an organic combination with proteid which they called thyro-iodine; this substance contains 9.3 per cent iodine and 0.56 per cent of phosphorus.

Hutchinson found two proteids: (1.) A nucleo-albumin contained in the epithelial cells. (2) A colloid material contained in the acini.

S. Fraenkel obtained a crystalline substance which he named thyreoantitoxin. So far there is no evidence to show that this body is endowed with active properties.

THE RESULTS OF LOSS OF THE SECRETION.

In man the results of failure of the normal supply of thyroid secretion from disease of the gland are seen in primary myxedema, and from removal of the gland for goiter in secondary myxedema or cachexia strumipriva.

Arrested development, or destructive disease of the thyroid in adolescence brings about a condition known as pri-

Products secreted as the result of microbic activity react upon the organisms themselves, protecting us more or less.—Field, *Lancet-Clin.*

In pneumonia keep your patient quiet and secure sleep if possible. It is necessary to preserve all vital force possible.—Heinen.

mary cretinism. Imperfect, inadequate and arrested thyroid secretion can cause myxedema. In infantile myxedema, i. e., cretinism, either the thyroid is totally absent, or there is more or less deficiency of glandular elements and excess of connective tissue with cellular debris. The cause of such marked structural lesions, with corresponding great functional disorders can safely be ascribed to impaired oxidation. The symptomatology of infantile myxedema bears this statement out in every particular. The temperature of cretins is invariably subnormal; they always suffer from cold. The nutrition of tissues is impaired; the brain remains undeveloped; the fontanelle often remaining patent; the first and second dentitions are delayed, the skin is dry and thickened, the hair is coarse, thin, sometimes absent, the nails are short, brittle and striated. Growth is very slow and arrested at an early age, ossification being tardy. The muscular system is weak and the head tends to droop forward. The genital organs show no sign of development; testes and ovaries being infantile there is a marked tendency to severe hemorrhage from the uterus, gums and nose and cyanosis is often observed.

The well-known effects of thyroid extract in these cases in enhancing oxidation may be exemplified in the prevailing views, which the following excerpt taken from G. N. Crary's article (*St. Louis Medical and Surgical Journal*, July, 1895) correctly shows.

Increased metabolism is shown by: (1) Elevation of temperature. (2) Increased appetite with more complete absorption of nitrogenous foods. (3) Growth of skeleton in the very young. (4) Marked improvement in the body nutrition generally.

Indeed every abnormal condition present, including the mental torpor, seems to gradually recede until the change produced in many cases is marvelous.

Iodine is the most active factor of the thyroidal constituents.

Cohen (Solomon Solis-) has made the clinical observation that, "In cases of goitrous patients, those who were unduly susceptible to cold would do well and those who were unduly susceptible to heat would do badly under treatment with thyroid preparations." This can be explained from the fact that in those "unduly susceptible to heat," the central vascular trunks are contracted and the peripheral capillaries are over filled and dilated and the thyroid preparations by adding to the stimulation accentuate the symptoms. The opposite result may be expected when the patient is "unduly susceptible to cold" because his central vascular trunks are dilated and his superficial capillaries contracted.

We may summarize what has been learned of the effects of thyroid experimentally thus:

1. Used internally it greatly increases the elimination of nitrogen, or in other words hastens tissue-waste in the proteid portions of the body, i. e., the muscles.

2. Under its effects a greater amount of oxygen is taken in; and the amount of CO_2 given out is increased.

3. It hastens cell activity; under its use the life history of a cell is carried quickly to its completion, which may account for its great field of usefulness in cretinism and myxedema (in which cell

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Every moment of his life man runs the risk of being overpowered by poisons generated within him.—Bouchard.

In acute appendicitis never give food or cathartics by the mouth. Secure intestinal rest—absolute.—Heinen.

life is so slow that the cells never reach maturity in all its completeness).

4. It seems to prevent the body from utilizing all the fat-forming material which may be ingested.

5. Its effect upon the blood pressure is due to a depression of the activity of the heart.

6. Upon the blood the effects vary: (a) In moderate doses no effect is produced; (b) in excess the blood cells are destroyed; (c) given to a myxedematous patient the cells are greatly increased.

The administration of thyroid preparations will frequently produce glycosuria and when that symptom already exists will often render it more intense. Glycosuria not only results in subjects who are already the victims of thyroidism, but in apparently healthy individuals. This phenomenon can not be dismissed with the assumption of Strauss that thyroid preparations produce glycosuria only in subjects that are predisposed to it. Bettmann was able to produce glycosuria by a week's thyroid medication in 12 out of 25 normal healthy people. It is not reasonable to suppose that so large a proportion of healthy individuals (48%) is predisposed to glycosuria. This power of thyroid preparations to cause glycosuria may be regarded as similar to the effect of suprarenal extracts, which are capable of inducing glycosuria. It speaks in favor of a grave influence over carbohydrate metabolism and leaves us to perforce accept the conclusion that the perverted thyroid activity of exophthalmic goiter disease is at least a factor in producing the associated glycosuria. In other pathologic states associated with hyperactivity of the thyroid, viz., chlorosis, acromegaly and pregnancy, glycosuria is frequently noted as a development.

I think it improbable that the thyroid is directly concerned in carbohydrate assimilation. The most reasonable explanation of the glycosuria of this disease is that it is a toxic glycosuria, the toxin consisting of the thyroid or parathyroid secretion, which results from the abnormal gland activity. The appearance of glycosuria in exophthalmic goiter or its increase when already present may be taken as evidence of increasing thyroid toxemia and, consequently, may prove an indication of prognostic value.

THERAPEUTICS.

Among the benefits attributed to thyroid extract, diseased conditions of the uterus must not be overlooked. Uterine fibromata and myomata are favorably influenced by its use:

1. By lessening the blood supply to the pelvis.

2. Arrest of the growth and an improvement of the general health.

3. Disappearance of pain and relief of the fulness of the abdomen.

4. Increase of muscular and nervous energy.

In these cases it is well to combine the thyroid with ergot, hydrastis, arsenic, digitalis, calcium chloride. The dangers in its use are gastric irritation, or if pushed and long continued, thyroidism.

Menstrual disturbances. — There is probably no drug which has proven so beneficial at puberty, when menstruation is delayed, irregular, or scanty, a small dose daily (2 1-2 grains) for a month or two bringing about a normal menstruation, with improvement of the general health. In cases of amenorrhea or dys-

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Self-poisoning is only prevented by the activity of the excretory organs, chiefly the kidneys.—Field, *Lancet-Clinic.*

In acute appendicitis never give large enemata; avoid any distension of the bowel—rest again.—Heinen.

menorrhea the use of thyroid is effective as it readily diminishes and abolishes uterine and ovarian pains, acting as a uterine and ovarian anodyne and sedative. To avoid any ill effects the remedy is best given two or three days before the expected period in one-grain doses and when menstruation is established two-grain doses three times daily during the period. In cases of grown women and especially those who have not been married, it often happens though no atrophy of the gland be detected, the stimulus of an extra amount of thyroid secretion will reestablish menstruation.

At the climacteric, especially when occurring prematurely, the drug proves of inestimable value, very often reestablishing menstruation and putting a quietus on the numerous minor symptoms which are so common at this time. To Dr. Chas. G. Hill, of Mount Hope Retreat, belongs the credit of first observing this important result of thyroid feeding.

In some of the chronic insane who had failed to menstruate for a year or two he noticed invariably marked improvement, physically and mentally, with a return of menstruation, treatment being given only one or two months. In endometritis with hemorrhages thyroid is of value by stopping the bleeding, relieving pains, and lessening pelvic congestion; and it is a valuable agent in painful and adherent ovaries, relieving pain and lessening the amount of the blood supply.

In *uterine carcinoma* (even after recurrence when parts have been thoroughly removed) thyroid has proved a worthy remedy, causing cessation of hemorrhages and a decrease in pain, swelling and congestion.

Dr. Page, of England, claims to have cured a case of recurrent cancer of the breast by continuous use of thyroid extract for eighteen months.

In *frequent abortion*, the thyroid extract is an agent to be relied upon and succeeds beyond one's utmost expectations in bringing about excellent results. If the case is seen early and thyroid administered the flow is stopped and the impregnated ovum retained.

It has been found of great value in the treatment of cases of *puerperal insanity*, the reason being that the thyroid has suffered from hypersecretion during pregnancy, and is suffering from cell fatigue.

Bright's disease in the early stages, when we have the headaches, dizziness, and the dilation of the left ventricle indicative of increased blood pressure; thyroid will very often relieve the symptoms and even arrest the disease. With the treatment, attention must be paid to the digestive organs and the intestinal tract.

In the treatment of *obesity* it has been vaunted as the remedy *par excellence*, but the type of case in which it is beneficial can be described as follows:

"They are cases where there has been a somewhat sudden increase of adipose tissue over the whole body following some acute disease such as typhoid fever; women after pregnancy, or when the climacteric has arrived at thirty-five or forty years of age. These patients complain of rheumatic pains in the limbs; giddiness and faintness together with a nervous condition simulating hysteria, and the patient may be domineering and irritable. The physical signs are few except the obesity which is generally con-

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The liver acts the part of a sentinel to the materials brought to it by the portal vein from the alimentary canal.—Field, *Lancet-Clinic*.

For the vomiting at the beginning of scarlatina give bismuth and 1-10 grain calomel every hour till bowels move freely.—Heinen.

fined entirely to the face and the body."

The dosage should be regulated with great care, beginning with one grain per day and increasing very slowly. It is well to combine the thyroid with strychnia or adonis vernalis. Thyroid feeding is not an "antifat" of universal application, and great caution should be observed in its use in cases of obesity. Large doses will reduce fat, but with it there is heart failure and depression of spirits.

Eclampsia is thought by the average number of practicians today to be due to an autointoxication, and the conditions found to exist are, "Increased mean blood pressure, a perverted metabolism, decreased elimination by the kidneys with, in the majority of cases, albuminuria with or without casts, the pathologic findings being fatty degeneration of the liver and kidneys."

The thyroid function being increased during pregnancy, if for any reason the thyroid has failed to fully develop, though secreting under ordinary circumstances, the pregnancy puts too great a strain upon it and it fails to respond. (Garnier and Roger have shown the gland to be affected by the acute diseases of childhood, rheumatism, typhoid, etc.) and at the first pregnancy there is a deficiency of thyroid secretion which serves as a cause in producing eclamptic convulsions at term in primiparas; should the gland never acquire a sufficient secreting power there are eclamptic seizures at every successive labor.

Seizures occurring in cases of multipara, but who have escaped in preceding confinements, may be caused from the strain upon the gland during former pregnancies or some intercurrent disease has affected the functionation of the gland.

The principal symptoms of eclampsia are the same as those of hypothyroidea, viz., high mean arterial pressure, decreased elimination by the kidneys, perverted metabolism and very often albumin and casts. The dosage in these cases should be the full amount before and after confinement, i. e., until lactation is normal, and the urinary secretion freely established.

Parathyroid treatment for eclampsia.—Professor Vassale of Modena has been applying in therapeutics the extract of the parathyroid glands. He has found the active principle of the parathyroid glands remarkably efficient in the treatment of puerperal eclampsia. The relations between the thyroid gland and pregnancy have long been studied, and it proved a great disappointment when thyroid treatment failed to display appreciable efficacy in the treatment of puerperal eclampsia. Vassale has taken up the study again, but uses the extract of the parathyroid glands alone. At the Italian Congress of Gynecology, last year, an experimental study was presented on "Thyroparathyroid Insufficiency and Eclampsia," which supplied an experimental foundation for parathyroid treatment. Pestalozza urges its trial on a large scale in the treatment of eclampsia. His editorial on the subject is in the *Ginecologia* for February 28, 1905.

It is now well known that thyroid extract has a bad effect on patients with *exophthalmic goiter.* Under its influence the pulse becomes more frequent and the other symptoms are increased. In some instances where other treatment had been followed by marked improvement the administration of thyroid ex-

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Disease depends upon products of putrefaction and fermentation rather than direct action of microbes on the system.—Field.

Cardiac complications of scarlatina are treated best by absolute rest and the application of cold to the precordium.—Heinen.

tract has been followed by a relapse into the former condition. In my opinion it should never be given in exophthalmic goiter, as it is only adding fuel to the fire. The results of surgical treatment of exophthalmic goiter undertaken with the object of reducing the amount of secreting tissue by removal of one lobe, or of inducing atrophy by ligature of some of the arteries which supply the gland, are of great interest. Unfortunately, the operation itself though sound in principle is at present by no means free from risk. The steady improvement, however, which has resulted in many cases in which it has been successfully performed affords still further evidence that the symptoms of exophthalmic goiter are due to the overactivity of the thyroid gland.

It is a fact of considerable interest that along with the enlargement of the thyroid gland is exophthalmic goiter other ductless glands may be increased in size. The thymus gland is very often enlarged. Exophthalmic goiter and acromegaly are sometimes found to occur together. In acromegaly the pituitary gland is enlarged and the enlargement seems to be analogous to that of the thyroid in exophthalmic goiter, so that we have the remarkable fact that all these three ductless glands may be simultaneously enlarged.

Removal of part of the enlarged gland is a rational method of treatment, and when the risks of the operation are diminished it should be more frequently employed in severe cases in which medical treatment has failed to do good. Of medical treatment much has been written. In my own cases inunction of red iodide of mercury ointment over goiter, and belladonna given in large doses internally so as to check the hypersecretion of the gland, have been of most service. If the palpitation is excessive, convallaria has proven more useful than any other member of the same group of drugs. Where there has been great nervousness the bromides have done good.

The cause of exophthalmic goiter, or Graves' disease, has been variously explained. A very plausible theory is one that assumes that the symptom-complex is due to the presence in the blood of an excess of thyroid secretion, and that benefit will result from the administration to the patient of the more or less toxic material which it is the natural function of the thyroid secretion to neutralize. Normally the thyroid secretion is believed to act as an antidote to certain unknown substances—presumably waste products of bodily metabolism—circulating in the blood. If the unknown substances, supposed to be waste products, cannot be properly dealt with by the thyroid secretion, owing to its scarcity—due to diminished function of the thyroid gland—the result is the intoxication of myxedema. On the other hand, if there are not enough of these unknown substances to combine with all of the thyroid secretion liberated in the blood stream, the result is intoxication with that secretion — "thyroidism," proceeding to exophthalmic goiter. This consideration, or assumption, has led to clinical experiments which indicate that very favorable results may be expected in Graves' disease from the administration of the blood of animals from which the thyroid gland has been removed.

Thyroidectin is a reddish-brown pow-

Long after the microbes have been destroyed the enzymes or ferments they formed continue to act.—D. L. Field. *Lancet-Clinic.*

In scarlatina do not be afraid to give plenty of cold water.—Heinen. Good! Remember that water is a fine diuretic.

der prepared from the blood of thyroidectomized animals, and marketed in capsules containing 5 grains each, in bottles of 50 capsules. It is non-toxic, and appears to be well borne, being easily soluble and rapidly absorbed from the stomach. The dose is one to two capsules three times a day, the amount being varied according to the requirements of the individual case. In the hands of several careful observers this preparation has proved of much therapeutic value in the treatment of Graves' disease, or exophthalmic goiter. Almost invariably a marked improvement is observed in the subjective and objective symptoms characteristic of the disease.

The antithyroidin of Moebius, a serum obtained from the blood of thyroidectomized goats, has given very promising results in the hands of N. J. A. F. Boerma, gynecologist in Gronigen.

J. W. M. Indemans concludes that antithyroidin Moebius, if given carefully in slowly increased doses, will almost always bring about improvement and often a cure. The exophthalmos and other eye symptoms, the tremor and the symptoms due to disturbance of the central nervous system, disappear most rapidly.

L. F. Barker, H. N. Moyer, Chas. L. Mix, concede that the only rational method of treating Graves' disease is by checking the thyroid secretion or neutralizing the toxic products thrown into the blood stream. The first is beyond control; the second by treatment with an antithyroid serum has given some remarkable results.

On the theory that the thyroid secretion normally neutralizes certain general metabolic poisons in the body, Moebuis and others conceived of treating cases of exophthalmic goiter in which there is presumably an excess of thyroid secretion in the body by introducing subcutaneously or by mouth the serum of thyroidectomized animals.

Cleveland, Ohio.

(To be continued)

THE TREATMENT OF PNEUMONIA.*

BY C. F. GILLIAM, M. D.

DURING my experience as a practician I have made a number of talks and read papers before different medical organizations, but always had the selection of my own topic. How did the program committee know that I knew anything about pneumonia? Why I don't even know where a pneumococcus is born; how he lives; what's his steady diet; where he goes to when he puts off mortality; or even whether he puts on immortality when he shuffles off this mortal coil.

There is an old adage, that "you can lead a horse to water, but you can't make him drink," and such privileges are not reserved exclusively to the lower animals. So when I want to talk about pneumonia, I will talk about pneumonia and when I want to talk about something else, I will talk about something else. No pent-up Utica for me. If you don't

*Read by request before the East Side General Practitioners' Medical Society, Columbus, Ohio, Jan. 25, 1906.

Few have not had some experience of success who have followed the antiseptic treatment of typhoid fever.—Field.

For the sore throat of scarlatina apply the ice-bag externally and swab freely, internally with pot. chlorate or H_2O_2.—Heinen.

believe now, wait till I'm through.

To begin with, let it be understood that you must not expect anything scientific. I take it you are not desirous that I should give you a long description taken almost *verbatim* from some text-book, of the etiology, pathology, diagnosis, prognosis and treatment of pneumonia. You are all well acquainted with the main features of the disease, and it is hardly necessary for me to elaborate in regard to the stages of congestion, solidification and resolution. Neither do you want me to discuss the contagiousness or infectiousness of pneumonia or the distinctive characteristics of the diplococci of pneumonia, which are a constant factor in the disease if not the causative one.

Pneumonia is such a serious disease, so common, and attended by such a high rate of mortality that we cannot give it too much attention, and this attention should be along practical instead of theoretic lines, for the reason that it is one of the few diseases in which the mortality rate seems to have grown instead of diminishing, under the generally accepted methods of treatment in the past generation. Wells in an analysis of over 200,000 cases shows an average mortality of 18 1-10 per cent. Later investigations by the same writer into over 450,000 cases show an average mortality of 20 1-10 per cent, while the death rate for adults according to both Wells and Fraenkel is much greater, probably reaching 26 per cent. The only rift of light in this dark picture is that shown by Petresco and Fraenkel by the use of digitalis treatment among German soldiers, with a death rate of between 3 and 4 per cent.

As I intimated in the beginning I shall make no effort to analyze carefully either the nature or treatment of this disease, but rather shall deal in generalizations. Much of what I say may sound egotistic and dogmatic, but I care not for that if it will arouse opposition and discussion. It is by drawing out the views and experiences of others that such meetings as these prove of value. If we are all prepared to receive the dictum of one man without question, medical progress would cease immediately. Yet I have no patience with the nihilist or agnostic; rather, far rather, the extreme of dogmatism. For the investigator—the man of inquiring mind—I have the highest respect, but for the man who has no faith in the present or hope in the future, I feel both pity and contempt. I am firmly of the belief that the faith with which remedies are used has much to do with the results. If a physician has no faith in medicine—as I have heard many declare— then he ought to get out of the profession, for he is a cheat and a fraud, getting his money under false pretenses. Don't misunderstand me, a man may be too radically optimistic as well as too radically pessimistic. Everything needs to be leavened with a little common sense.

I do not hesitate to say, however, that if I were seriously ill I would much rather have to attend me, a good cheery common-sense, optimistic practician, than a scientific, therapeutic nihilist—like Osler.

Now I am going to make a statement, which I doubt not, most of you will take exception to. *I believe in the jugulation or abortion of diseases like pneumonia and typhoid fever,* which nearly

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The injection into animals of urine from a case of melancholia is followed by depression of spirits, restlessness, stupor.—Oliver.

Remember that an imperfect development of the rash in scarlatina is a bad sign.—Heinen. Hot baths, diuretics, aconitine.

all authorities claim are self-limited and can neither be shortened or retarded. I do not claim that this can always be done, but I do claim it can often be accomplished. You ask me the grounds for my belief and I can only answer that I have become convinced through personal experience and that which I have read of others, just as you have probably been convinced to the contrary.

No doubt all of you have had cases which you were convinced would develop into typical cases of pneumonia or typhoid fever and in three or four days in the former, or eight to twelve in the latter, they would be on the road to convalescence. When such result occurred you took it for granted you had been mistaken in your diagnosis, as such a result was in antagonism to the consensus of opinion of the profession. Unable to account for it in any other way, the opponents of the jugulation theory have been obliged to invent a new disease—autotoxemia. Poor "autotoxemia," he is over-worked. He has been "going some" the last few years and has the automobile beat a mile. Why, even our old friends, malaria and grippe have not been able to keep up the pace with him.

But, seriously, are not all diseases autotoxemias? There are great numbers of disease germs probably lodging in the system at all times, only awaiting a favorable opportunity for their greater development and rapid increase.

But why should belief in the jugulation of specific diseases be unreasonable? The generally accepted theory in reference to these diseases is that when the pathogenic germs get enough of a foothold in the system to disturb its equilibrium, that nature comes to the rescue and gradually manufactures enough antitoxin in the blood to neutralize or overcome the microbes of disease. It is a very plausible theory and I believe a correct one, *but why should these battling armies be governed by different laws than that which obtains in all other contests in the arena of life?* Is it not often true that the skirmish line or advance guard of an invading army is driven back and repulsed by the army assailed, quickly rushing reinforcements to the front, and the attacking army draws off, before the mass of the forces on either side have engaged in a death-grapple?

Not every fight is a fight to a finish. There are ten skirmishes and small engagements to one general engagement or great battle. This does not prevent a subsequent battle, but leaves the forces pitted against each other still, and watching the opportunity to strike a deadly blow. This seems logical to me, but maybe my logic is at fault and I want you who disagree with me to point it out. If every battle must be a battle of complete extermination, as our anti-jugulation friends contend, will they tell us where else in the whole economy of nature outside the human body such a rule obtains?

If a man slips on the icy pavement and before he is clear down grabs a railing or post and regains his equilibrium, is it not fair to suppose he saved himself from falling? But "No," the objectors say, "that don't count. It must be a knockout and the man must be down for the count or else it is mere supposition as to whether he would have fallen or not." If we were to catch a man crawling through the back window of a house with a complete set of burglar's tools in

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Maniacal urine gives rise to excitement and convulsions when injected into animals; toxemia is cause, not effect.—Oliver.

In scaralatina bring out the rash with a hot pack and cold water to the head and neck.—Heinen. Good advice.

his possession, we would naturally congratulate ourselves on having aborted a burglary, but our anti-abortive opponents would say: "That is mere guesswork; at least he didn't get away with the goods."

Now don't get impatient—I am coming back to the subject of pneumonia. It is my belief that in the great majority of cases the mortality is due to the toxin generated in the blood and consequent inflammatory action rather than to the lack of oxygenation or aeration of the blood.

Persons sometimes live for weeks in a cataleptic or trance-like state in which the action of the heart and respiratory organs are barely perceptible and yet with no appearance of cyanosis. I have not been able to accept the theory which many profess to believe, that temperature is a matter of minor importance, that it is merely a reaction of the system brought about in the struggle of the conflicting bacteria in their efforts to destroy each other and in that sense is a benign process. So far as I am concerned, it is my policy to always fight increased temperature with every means at my command that will not depress the heart too much. I honestly believe that ten lives are lost through weakened hearts due to the ravages of a continued high fever to where there is one life lost by overwhelming the heart in the early stages. It is easier to put out a fire when it first starts than it is when the whole building is wrapped in flames. A good stream of water for a very short time will often suffice in the first instance, while in the latter it may merely add to the destruction by aiding in tearing down the already weakened supports.

Believing as I do, that the disease germs are ordinarily most virile and increase most rapidly in a high temperature, I do not hesitate to use to full effect in the early stages of disease quinia combined with the coal-tar derivatives, in conjunction with aconitine, baths and every other agency known to me to reduce the fever and keep it reduced.

I have been in the practice of medicine over twenty-five years and believe myself to have been an ordinarily careful observer. Many times I have been called to cases having all the preliminary symptoms of pneumonia or typhoid, as the case might be, and in three or four, or ten to twelve days, dependent on the nature of the case, the patient would be convalescing. If this had occurred but few times I would have thought myself mistaken in diagnosis, but their frequent recurrence when other physicians were dealing with well-developed cases of pneumonia or typhoid, convinced me there was something in the treatment. My experience has not been nearly so great as that of some of you, but must of necessity have been considerable for me to have made a living out of my profession for twenty-five years.

Why should we not be able to inhibit the growth of disease germs in pneumonia or typhoid, as well as in malaria or syphilis? Quinine may be a specific for malaria and probably for pneumonia in large enough doses—but there are thousands of cases cured by other agencies. "There are more ways to choke a dog than to choke him on butter."

If a tenth of a grain of apomorphine will make a man throw up his heels and cause his stomach to almost turn a double somersault; if a minute dose of castor

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The poisons are, minerals in food, physiologic secretions, digestion products, peptones and alkaloids, putrefaction toxins.—Field.

In scarlatina Nothnagel recommends a bath at 68° F., when the rectal temperature reaches 104° F.—Heinen.

oil or elaterium will cause such active peristalsis and such a flow of serum into the bowels as to be almost equivalent to turning a half-inch hose into the intestinal tract, and if a mere fraction of a grain of many powerful drugs will destroy the citadel of life itself, why may not a very minute quantity of medicine have such a peculiar chemical or mechanico-chemical action upon the human system as to completely antisepticize it either by poisoning the pathogenic germs directly or by creating or rather setting in motion myriads of phagocytes which will destroy the *materies morbi* in the blood? If such be not the case, and the germ theory of disease is the correct one, there can be little hope for the accomplishment of anything in medicine, unless it is purely in the domain of serotherapy.

I imagine that some of you are saying to yourselves: "If these jugulators have such success as they claim for themselves, they would soon monopolize the practice." There is where you are mistaken. While this will probably be true of the future, it is not so now. The successful practician—measured by the amount of his practice—is not always the one who works the greatest proportion of cures, but rather the man who has that peculiar tact which wins him friends and makes each an advertising agent for him. Do not understand me as reflecting on these gentlemen—far from it. It is a God-given attribute and I wish to God I had it.

Personally, I have made more friends and partisans and secured more reputation out of one long-drawn-out critical case of fever or pneumonia, which attracted the attention of the whole neighborhood, and consequently advertised me, than I have from a dozen mild cases which I believe that I aborted and which because the patient did not get sick enough to alarm the family and friends, went unheralded and unknown. The mere announcement in the newspapers that I had been called in to see the governor would increase my practice more than curing twenty laboring men of pneumonia.

To return to the disease itself, I have grave doubts of its being a local disease at the start. I am inclined to think it systemic from the beginning, with its most marked local lesion in the lungs, just as it is in the bowels in typhoid. That the danger to life is due to the solidification of the lung with consequent embarrassment to respiration would seem to be negatived by the feeling of comfort and well being and ease of respiration when the fever leaves, though the lung is still solidified.

It appears to me that the increased fibrin and other detritus in the blood—separated or created by the causative factor—are caught in the minute radicles of the air vesicles and are held as in the fine meshes of a sieve, and thus, in conjunction with the inflammatory deposit thrown out, owing to the damming of the blood current, produces largely mechanically, the solidification of the lung. It would seem then, that the logical treatment of pneumonia, would consist of two factors, one to lessen the volume and force of the blood current, the other to change its character by removing the morbid material. As the pathogenic microbes cause the blood to go chasing through the body at a greater speed and at a higher temperature, I naturally take

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Each 48 hours enough poison to kill a man traverses his blood and is eliminated through his kidneys; else he dies.

Don't forget that the intolerable itching and burning of the skin increases the temperature in scarlatina.—Heinen.

it for granted that the virility and propagation of these organisms are increased by these conditions, and endeavor to combat them by bringing about the opposite condition—i. e. to cool and lessen the current of the blood. The fact that in almost every case the feeling of comfort and clearness of intellect is *pari passu* with the slowing of the pulse and reduction of temperature seems to be sufficient justification for such action.

My treatment in no two cases is exactly alike, though always on the same general principles. I endeavor to treat both the patient and the disease and, of course, am governed by existing conditions.

Briefly stated I may say that I am a believer in the mottoes of the alkalometrists; "Clean up and clean out," and just "dose enough." I usually begin with calomel followed by a saline cathartic and the sulphocarbolates, continuing these to a greater or less extent throughout the disease. I again repeat that I aim to control the temperature by both internal and external antipyretics. I find that after I have once brought the fever down I can usually control it with aconitine with maybe an ocasional dose of acetanilid, or some of the other coal-tar derivatives, always fortified by a heart tonic after the initial doses. On the first indication of weakness of the heart (and this does not mean simply a weaker impulse, for that is what I aim to bring about, but a certain something only learned by experience, which teaches you there is real organic instead of functional weakness), I use what is called the dosimetric granule, consisting of aconitine, digitalin and strychnine, and if the weakness persists, leave off the aconitine and increase the strychnine. I am loath to discontinue the aconitine, however, as it appears to me to exert special influence over the whole respiratory tract. In some cases I get better results by substituting veratrine for the aconitine. These drugs I often use in three or four times the doses incorporated in a granule. In other words, dose enough.

Now while I use these medicines to control circulation and temperature, I do not think their whole virtue lies in that direction, but rather in the changes brought about in the blood by which the disease germs are destroyed.

I use opiates, morphine, codeine, heroin and Dover's powder; not to the extent of obtunding the sensibilities but sufficient to give relief from pain and irritable cough, while encouraging expectoration and deeper breathing by removing the fear which accompanies these acts, when not under the influence of opiates.

I am not much of a stickler for external applications, aside from a cotton jacket, though I often use sinapisms and poultices, and have never noted any bad results from their use, while it nearly always gratifies the family and neighbors, who all have to be treated on such occasions. In fact, in a number of cases it seems to me I have witnessed very marked beneficial results, especially in children, by the use of antiphlogistine. I say this although I know that it is something of a fad now to decry mud dressings.

I forgot to say, that if there is marked engorgement of the lungs, with especially labored respiration, I add to the digitalin and strychnine, atropine to dilate the capillaries and by this means lessen

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It is estimated that from 1-4 to 1-2 the bulk of the feces is made up entirely of bacteria; most of them dead.

Always bear in mind that the presence of icterus as well as the exanthem of scarlet fever may be overlooked by lamplight.

blood pressure while stimulating respiration. I seldom use nitroglycerin in pneumonia, because of the shock it produces by its rapid action and its evanescent effect.

Do not forget the eliminants and antiseptics. I believe investigation will show deficient elimination just prior to almost every case of sickness and our object should be to restore the skin, kidneys and bowels to normal working order and to keep them in that condition.

This is my general plan for conducting a case of infectious fever, and it makes little difference to me whether it be pneumonia, typhoid, scarlatina, measles or smallpox.

Now an after word. I can see you all draw a sigh of relief at that, but I would have you understand that I consider myself entitled to as many privileges as a minister. He has his "after word," his " in conclusion," "one more thought," "just another word," etc., why not I?

As you will have noted, I use only definite chemical preparations and active principles, because these drugs unlike the galenical preparations are standard and equal in their strength. Many physicians look upon the alkaloidal treatment as a mere fad, but one remove from homeopathy, and its followers as cranks and ignorant enthusiasts. Many, totally misapprehending them, think they are limited to infinitesimal dosage.

As I have repeatedly said they believe in "just dose enough" to produce the physiological effect and to continue it, whether that be one one-hundredth of a grain or one hundred grains.

They do believe, however, in starting with a small dose frequently repeated, until the limit of effect or tolerance is reached, which they desire to bring about, and this action is continued by such sized doses at such intervals as they consider necessary, until they have satisfied themselves as to whether it is exerting a beneficial effect or not.

Many of those who have regarded alkaloidists with contempt do so because they do not fully understand this. You are all limited alkaloidists without appreciating it. How many of you would be willing to give up the alkaloids, quinine, morphine, atropine, strychnine, cocaine, etc., and go back to the crude drugs, cinchona, opium, belladonna, nux vomica and coca leaves? Not many I feel assured. Then why should not the alkaloids of many other drugs with which you are not so well acquainted, be just as potent in comparison with the crude drugs as those I have mentioned?

Now, gentlemen, if I have wandered around "from pillar to post" I still hope I may have said something to interest you and give you grounds for thought and discussion. Even if I have not pleased you, I may be excused for trying to please myself. What is the use of belonging to the East Side General Practitioners' Medical Society, if one is not allowed a little more latitude than would be considered just the proper thing in our august scientific and highly specialized body—the Academy of Medicine.

Columbus, Ohio.

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A continuation of the discussion of this interesting and important subject of pneumonia will be found in the Miscellaneous Department. We hope that every reader will go through all these

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Whenever you come to a case of sore throat always bear in mind the possibility of scarlatina or diphtheria.—Heinen.

A decided angina with strawberry tongue safely warrants the diagnosis of scarlet fever. —Heinen.

papers carefully (not forgetting that of Dr. Shaller which follows this) and "think on these things." The subject is the most important one in medicine today. The profession is succeeding in other fields—why should it fail here? We veritably believe there is *no* reason why it should, if attention is given to the fundamental principle which Dr. Gilliam calls attention to.—ED.

THE ABORTION OF ACUTE FEBRILE DISEASES.

BY JOHN M. SHALLER, M. D.

ALL acute inflammatory diseases should be actively treated in the beginning, with a reasonable hope that they may be aborted, or that their severity, at least, may be very greatly modified.

If treated in the antiquated belief that such diseases necessarily run a more or less regular course which cannot be changed, there often arises the necessity of actively treating debilitated, depressed or collapsed conditions at the end.

On the other hand, if such diseases are treated actively, with the knowledge that they *can* be aborted or modified, the patient is often saved from becoming debilitated, depressed or collapsed, and even saved from death, to say nothing of the saving of suffering and expense.

To have a comprehensive understanding of the rationale of the possibility of aborting or modifying acute, inflammatory diseases, it is necessary to realize the pathological conditions, the changes that are taking place, particularly in the blood vessels, at the beginning of these diseases.

Whether the disease is to be an inflammation of serous, mucous, cellular or fibrous structures, whether it points to, or is pneumonia, pleurisy, peritonitis or pharyngitis; in the onset there exists congestion.

The capillaries, in the part about to become inflamed, are over-filling with blood to the point of partial or complete stasis. The rule is, if this congestion is not interfered with, that exudation and inflammation must and will result. If, however, this congestion is properly (strenuously) attacked, it can be dissipated. The circulation can be restored to the normal and the disease is thereby aborted.

It is very unfortunate that for years there has been instilled into our minds the namby-pamby, do-nothing theory that certain diseases will run their course in spite of all efforts to break them up—a theory based on lack of ability to cope with them, and this again resulting from inadequate knowledge and uncertain drugs. If our armamentarium is uncertain, how can we have certain knowledge regarding how to use it.

If we consider, but for a moment, that for the first twenty-four or even forty-eight hours congestion without inflammation exists, a condition which is transitory, and, therefore, from its very nature is changeable, ought we not to make the attempt to check it, or to change it so as to benefit the patient all we possibly can?

Congestion, if not interrupted or interfered with, progresses rapidly to inflammation. If proper efforts are made in the beginning of acute inflammatory

In scarlatina you should make it a practice to always examine the urine carefully. Albuminuria common.—Heinen.

The scales of scarlatina contain large numbers of diplococcus scarlatinae.—Heinen. Is the cause certainly a diplococcus?

diseases, the existing congestion is checked and the circulation becomes normal. Any means that will draw the increased blood-supply from the congested area to other parts of the body, particularly into the capacious capillaries of the skin, will relieve and check it. Hence the value of hot baths and profuse sweating in internal congestions.

Profuse secretion from the bowels, produced by active hydragogues, will abort peritonitis by draining the capillaries of the peritoneal and mucous coats of the bowels. Congestion of the liver is relieved by the same means. These methods have long been used, in a rough way, as "family remedies," to break up so-called "colds," which are nothing but expressions of real or pending inflammation somewhere; and these means *cure,* because they draw the increased amount of blood from the congested centers, helping Nature to reëstablish normal equilibrium.

There is one thing certain: in order to abort acute inflammatory disease, active and adequate effort must be made to do so, and promptly. They will seldom abort themselves.

If a patient is seen in the congestive period, why allow him to pass into an inflammatory state? Why not at least try to check it? When an inflammatory disease is once established, there is little or no chance to check it. We can even then modify, but it usually must go on. By aborting pneumonia, prolonged sickness, suffering, crippled lungs, phthisis and death are prevented. Bring the case home to yourselves! If you should have a rigor in the midst of apparent health, away from malarial infection, with rapid pulse, embarrassed breathing and high temperature all coming on within twelve hours—knowing well what it meant, would you not be very happy to feel that such symptoms could be dissipated and your condition returned to the normal within twenty-four hours, by taking amorphous aconitine during the congestive stage?

If you feel this way about yourself, you certainly ought to feel the same about your patients; and whether you believe in the possibility of the abortion of acute diseases or not, you should give them the benefit of the doubt and make the effort to reduce the high fever within twenty-four hours. If you can reduce fever and keep it down you will cure your patient, and if you make adequate effort you can do it.

Amorphous aconitine is a wonderful medicine with which to reduce acute fever. It will not do so as quickly as cold bathing or the coal-tar derivatives, but it will do so agreeably, safely and pleasantly, as a rule within twenty-four hours, provided congestion has not already become established inflammation; and even then if the pulse is of average strength, admitting of its necessary use, aconitine will cure more quickly than other remedy.

Pneumonia is the most dreaded and the most fatal of all acute inflammatory diseases, yet it can usually be aborted if proper treatment be begun within twenty-four to forty-eight hours after the initial symptoms set in.

Amorphous aconitine, gr. 1-134, given in solution every half-hour or every hour is the proper treatment; because in from twelve to twenty-four hours, it usually restores the pulse and temperature to the normal and keeps it

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A trace of albumin and even a few tube-casts in scarlatinal urine need not alarm; but it's a sign for careful watching.—Heinen.

Even mild cases of scarlatina without any eruption may be followed by severe nephritis. Be on guard.—Heinen.

there. A trial will prove this assertion.

It may not always be possible to accurately diagnose the disease during the first twenty-four hours. There are, however, many symptoms present which indicate its inflammatory nature, such as chill or chilliness, fever, thirst, muscular soreness, backache, scanty secretions and mental hebetude.

The symptoms may not be sufficiently localized to indicate what structure or organ will become inflamed, yet every physician knows that when such symptoms are present some acute febrile disease is pending. Congestion is forming, or is existing somewhere, which must pass to inflammation if not checked. Effort should always be made to check or abort this congestion. The result will be that if amorphous aconitine is used early, after a few hours of treatment the temperature is likely to become normal and to remain so—the disease has been "aborted." There is no chance for the patient to pass into a debilitated or collapsed condition or to go on to death, even the worst of which might have happened if the condition had been treated expectantly and the congestion allowed to pass into inflammatory disease.

Method of Administration.—Amorphous aconitine is supplied in standard granules, containing gr. 1-134. One granule is an average minimum adult dose. If the fever is 105° F. or over, and the pulse strong and bounding, two granules may be given, dissolved in water, every half-hour until there is some improvement, then one granule every half-hour is sufficient; and as improvement further manifests itself, one granule every hour, and later every two hours, until the temperature is normal.

The pulse is usually reduced before the temperature falls, which is a good indication. If the pulse increases as the fever declines, the indications are not favorable. This applies to all cases, irrespective of whether aconitine or other remedies are used.

As about three-fourths of all acute diseases that come under the practician's care are among children, the importance of using a remedy that will quickly and harmlessly reduce fever, and abort disease in its incipiency, is very apparent.

The dose for children is easily regulated. It was formulated after many years of active work, and is effective.

One granule of amorphous aconitine, gr. 1-134, for each year of the patient's age, together with an additional granule, is dissolved in twenty-four teaspoonfuls of water. One teaspoonful is given every fifteen to thirty minutes, or every hour, according to the severity of the symptoms. A temperature of 105° F. or over requires a teaspoonful or more every fifteen minutes. As conditions improve, lengthen the time interval to one-half hour, or to one hour, thus reducing the dose as the patient improves. There is no benefit to be derived from administering aconitine in large doses every three or four hours. It should be given in minimum doses, frequently repeated, until the desired effects are produced.

In order to be able to apply active medication to any acute disease within the first twenty-four hours, the public must be educated so as to understand that some diseases, especially pneumonia, may be checked, if taken in hand early, thus saving to our patrons, time, money, suffering and resultant chronic conditions, to say nothing of saving life.

If children with scarlatina grow very restless and rub their ears, examine for otitis media.—Heinen.

Measles has no angina while scarlatina has; bear this in mind when the diagnosis is doubtful.—Heinen.

The public must be made to understand that a chill means pneumonia more frequently than it means anything else outside of malarial infection, and that they must have medical attention as soon thereafter as is possible. This gives the doctor a chance; and, with half a chance, he can render better service to his patient.

Every physician, therefore, should educate his families along these lines so that they may be able to recognize acute, febrile symptoms which lead to inflammations, and then, when recognized, to send for him at once.

The physician's duty is to use any and every means possible by which he may check existing congestions and prevent them from progressing into inflammations. It is a loss of time to wait until a clear, positive diagnosis can be made. The symptoms show that an inflammation is pending which it is your duty to check if possible.

The writer, with thousands of others, has found that amorphous aconitine is the best means at our command with which to accomplish this, and therefore unhesitatingly recommends its use, in small and frequently-repeated doses, until existing symptoms are modified or until physiological effects are produced. All medicines should be similarly used.

The manner in which amorphous aconitine aborts and dissipates congestions, or the beginnings of acute inflammatory disease, is by its action on the vasomotors and the secretory systems.

In acute congestions the arterioles of the area affected are partially paralyzed, over-filling the capillaries with blood.

Aconitine slows the pulse, gives the heart more strength, similar to the action of digitalin with which it should many times be combined, the pulse becoming slower and fuller, the increased power of the pulse equalizing the disturbed blood-pressure.

Besides, as aconitine acts to stimulate the functionating of all the secretory glands, the increased secretion demanding more blood, further depletes the blood vessels, which under improved heart action assists in draining the congested areas.

Denver, Colorado.

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This dual action of aconitine is most important. The remedy is true. The necessity exists; taken early and handled right, most acute inflammatory attacks *can be aborted*.—Ed.

HOW TO CURE CHOLERA.*

BY P. W. O'GORMAN, M. D., M. R. C. P., D. P. H., MAJOR, I. M. S.

UNDER this homely title, as in my article on Enteric Fever (*I. M. G.*, May, 1904), I wish to emphasize the difference between ordinary "treating" and curing,— the essential variance consisting in the application of rational therapeutic principles against those dependent on empiricism. Now, cholera is a disease that has ever proved a most perplexing problem to medical men, and the alarm and horror its presence invariably excites, even in the best regulated minds, do not conduce to rational thinking. Mysterious in its origin,

*Reprinted from the *Indian Medical Gazette.*

Try red-light treatment in all exanthemata; it shuts out chemical rays which aggravate the dermatitis.—Heinen.

Removal of unhygienic conditions has great influence over the course of typhoid fever, scarlatina, diphtheria and smallpox.—Heinen.

mysterious in its propagation, mysterious in the results of its treatment—now easily amenable to certain drugs, now astonishingly fatal under identical treatment: it is no wonder that confusion and despair seize on us, and we give up the hopeless struggle in disgust. There is probably no disease in the world that has so vainly exhausted the pharmacopeias, official and non-official, or which has given birth to so many vaunted nostrums. And yet we appear to be as far from a reliable remedy as ever; for no two physicians agree as to treatment, nor indeed does the same physician adhere to his own tested panacea in two consecutive series of cases.

And yet the reason is obvious. We do not utilize to the full the researches of modern science. Practical bacteriology to most of us is as if it never existed; while pharmacodynamics vainly struggles for a reasonable hearing; we are, in fact, still lost in the mists of medieval conservatism and prejudice. It is my earnest duty here to very respectfully invite the profession to the rational application of scientific principles to the removal of this long-standing reproach in the cure of this formidable malady. The terrible epidemic now prevailing in Madras, and the consecutive outbreaks in Lucknow, Lahore and other places, as well as the threatened invasion of Europe through Russia and Germany, may give weight to this representation.

I make no claim to discovery, originality or statistical proof: I am merely the humble follower of our own Indian Medical Service men and of the modern school of alkaloidal therapy. Guided by a pretty extensive experience and a little study I merely adapt modern rational methods to practice. Many physicians have used some at least of the drugs I recommend, but have used them without sufficient knowledge, and when failure followed, have too hastily condemned them instead of themselves. I therefore do not confound the intellect by appealing to authority, but appeal to reason and established scientific facts; and beg only their conscientious and persevering application, without the abdiction of professional commonsense.

Nevertheless, for years past, as opportunity offered, I have tested the efficacy of the method and been satisfied it is the only rational method of treatment. In a recent outbreak, I believe, the only two cases out of three thus treated, that recovered, owed their lives to it, and the third (an infant) only relapsed after partial recovery for want of nursing; all of some dozen others died. This, however, is not saying much; and as I said before I do not rely on these successes. "'Tis not in mortals to command success, but. . . . *deserve* it." I beg to strongly commend its trial to those whose opportunities are wider; and whether successful or otherwise, ask them to kindly publish their results.

II. *Stages.*—Cholera may be divided into three stages: the preliminary diarrheic, the algid or collapse stage, and the stage of recovery or reaction. It is of the very highest importance to note the stage when called to a case: the treatment is entirely different in each. Remember there is no sharp dividing line between them, one may run almost imperceptibly into the other: therefore carefully observe the symptoms. Note the

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Remember that a mouth-wash of a saturated solution of salicylic acid may do good in your case of scarlatina.—Heinen.

If the slightest coryza appears in scarlatina, wash out the nose with a solution of silver nitrate or peroxide.—Heinen.

face; the eyes (whose blood-shot condition may be the only outward indication of reaction. I discovered several concealed cases in Beluchistan by this means); the color and temperature of the extremities, especially the feet; the color and perhaps feel of the tongue (the cold feel to the finger, and cold breath are pathognomonic of collapse—remember to immediately disinfect hand); the axillary temperature (it is unnecessary and dangerous to insert thermometers in the mouth, and worse in the rectum— an easy carriage of infection in spite of precautions, which again are apt to be cursorily performed or even forgotten when several cases are to be attended to); the vomit and stools —the real source of the poison (whose watery, milky, chymic, creamy or pus-like, or "rice-watery" flocculent appearance are characteristic—in rare cases blood may pass); and of course cramps in abdomen and extremities (in one case during an outbreak, a letter complaining only of "rheumatic pains" and requesting loan of a battery, immediately led me to diagnose cholera, and this was confirmed when I at once visited the patient with the necessary drugs).

Do not overlook arsenical poisoning especially during a cholera scare; the symptoms are remarkably alike, except that there is a characteristic burning sensation in the stomach. I had one such fatal case immediately on return of a regiment from cholera camp, which I was fortunate enough to diagnose and confirm on post-mortem and subsequent chemical analysis, although I had only a few hours previously assumed charge. Above all, remember time is life; there is no time to spare; act quickly and continue perseveringly; and do not give up any case however apparently hopeless—the worst cases recover. On the other hand, an apparently mild case may suddenly collapse and die, especially if fear, presentiment, or abject apathy (non-desire to live) be predominant: therefore beware of treating these cases "casually."

III. *The indications required to be combated.*—Cholera is a gastrointestinal disorder. Koch's choleraic bacilli, with probably other virulent colon species, having gained access therein, rapidly multiply and excrete toxins; and it is these poisons which being absorbed set up the characteristic symptoms. What symptoms? Those of an irritant poison, viz, purging and vomiting, accompanied by muscular spasms. And it is this rapid and exhaustive drain of fluid from the body which in turn sets up all the other symptoms which constitute cholera. The increased peristalsis excites free and irritant secretion of bile and intestinal secretions, which in turn, aided by the former, excites violent emesis and purgation; and these in their turn, re-inforced by a continuation of the irritation, drain into the alimentary canal the serum from the chylopoietic blood vessels.

Now, be it noted that the other accompanying symptoms are not peculiar to cholera alone: the restlessness, thirst, cold sweats, lividity, frigid temperature, arrest of urine, etc. These are simply and directly due to the oral and rectal evacuations and the ensuing collapse. Other irritant poisons will cause exactly the same. Arsenic is the most familiar, but there are numbers of others, as the various ptomains from defective meat, fish, milk, cheese, fruit, etc., besides certain other mineral, metallic and vegetable

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An abnormally rapid pulse in a patient under middle life is suspicious; look out for tuberculosis.—Heinen.

Early tuberculosis is shown by rapid pulse, evening rise of temperature (often subnormal in morning), loss of weight, cough.

poisons, as oxalic acid, corrosive sublimate, colchicum. Cramps may be caused either by direct action of these or from certain ill-understood albumoses from muscular metabolism.

What, then, is the striking difference between the mineral, metallic and certain vegetable poisons on the one side, and the animal and certain other vegetable ones on the other? Merely that the latter is a living poison, multiplying and elaborating within the body, while the other is a lifeless and strictly limited one. The inference is obvious. We can theoretically, chemically neutralize and eliminate the one limited series by definite means; while the other treated on the same principles, i. e., did we know their chemical antidotes, in order to meet their perpetual re-inforcements, have to be continuously or never-endingly antagonized.

Hitherto, medical efforts have been shockingly wasted, " treating symptoms as they arise," as our text-books ordain, and consequently it is all chance whether we cure or not. What then, should be our real aim in cholera? Evidently to go to the root, the cause, the fountain and origin of the mischief. Attack and destroy the multiplying microbes: that is our first and most important duty. (2) Then neutralize their toxins, which we have now safely limited. (3) And then, to prevent absorption, expel them if possible, from the intestinal sewerage canal as soon as convenient, remembering the danger of a relapse to the collapse stage. In a word, our clear duty is antisepsis, neutralization (chemical and physiological), elimination and support of the system while this is being done and normal action restored. All these may have to be done more or less simultaneously.

IV. *Treatment in the Diarrheic Stage* (before any signs of collapse).—In the earliest or premonitory stage, or even when we feel assured the case is really cholera— and it is a wise precaution during the "cholera season," or when there is a "scare" on, or during an epidemic, to assume this— the first thing is to cautiously eliminate the poison. In the robust especially, or when indigestable or doubtful food (i. e., easily decomposable or fermentable, as over-ripe fruit, stale food, etc.), or in large quantity has been taken, give a mild saline aperient (not purgative). A teaspoonful or two of sulphate of magnesia (particularly the effervescing preparation) in hot water, is the best for reasons I give below. Now, a word of warning: in administering this laxative, use a wise discretion and do not rely on mere routine; and carefully watch the results. I repeat here, as I will have to repeat again, beware of collapse. Hence, if the bowels are acting freely, they are practically empty (of all except serous fluid), and the necessity for further washing out has ceased; and consequently it would be dangerous to resort to further action and so initiate collapse. I would, therefore, not commend this aperient to the general non-medical public.

As a routine practice in every case and during any stage of the disease, administer in one dose, according to urgency or severity of the case, calomel, grs. 3 to 6, and sodium bicarbonate, grs. 6 to 12 (I prefer the larger dose), placed on the tongue with very little water. If rejected, be sure to immediately repeat each time, until certain the dose desired is retained and, later, that

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Paste this in your hat: Any exertion in a tuberculous patient with a temperature over 100° F. is injurious.—Heinen.

In sudden collapse with cyanosis about the ear, lips and nails inquire if the patient has taken headache tablets.—Heinen.

its specific action results. Reasons—1. Calomel is one of the most valuable drugs we possess. (a) It excites flow of bile whose functions, besides increase of peristalsis and prevention of decomposition, are curative of intestinal lesions and very probably antidotal to toxins. (Koch proved this with rinderpest, and other experiments confirm this belief.) (b) It is an intestinal antiseptic and germicide of a persistent nature. Besides its direct action on absorption, it is eliminated by the intestinal glands and is brought into actual contact with putrid matter and microorganisms penetrated therein, and disinfects them. "It is a very peculiar fact," says Dr. Shaller, "that after a single dose of calomel, or after a very short period of mercurial treatment even in small doses, mercury can be found in the intestinal canal six months after the last dose has been taken"—(Therapeutic Guide to Alkaloidal-Dosimetric Medication, 2nd Ed., 1904, p. 268). (c) It is sedative to vomiting, especially in frequently-repeated fractional doses (gr. 1-10 to 1-20 every half or quarter hour). (d) It is also a useful diuretic. (e) As an antiphlogistic or inflammation reducer it was highly valued by our older practitioners. (f) Taken continuously in doses short of toxic, like other mercurial salts, it stimulates the faculties, physical and mental.—(Textbook of Alkaloidal Therapeutics, by Drs. Waugh, Abbott and Epstein, 1901).

2. Soda aids calomel markedly, prevents salivation, and supplies a vital element to the blood. Recommended, despite the alkalinity aiding choleraic bacillary life; probably it excites acid gastric secretion. Note.—Salivation under this treatment is rare, but if it occurs can be controlled by small doses of atropine. 3. The magnesia is also (a) cholagogue, and "one of the most efficient, safe and certain of the salines;" and (b) both it and calomel are aperient and eliminant, acting mildly and rapidly (within 1-2 to 2 hours), washing out the rapidly-decomposing and poison-bearing matter concerned. (c) It is also diuretic. Important note.—So soon as the motions resume their bilious character, other things being equal, have every hope the patient is recovering. But don't relax your efforts.

At the same time administer intestinal antiseptics as rapidly as possible. 1. As in enteric fever, I recommend the sulphocarbolates of zinc, grs. 2, sodium grs. 2, and calcium grs. 3 in peppermint or cinnamon water, one or two such doses every one or two hours. (The combined tablets are chemically pure and very efficacious). They are sedative, astringent, microbicide, and probably antagonistic to toxins. They rapidly check fermentation and sterilize the stools; all offensive excreta being deodorized is the great test of their operation. They are harmless in large doses, even up to two drams daily; but not less than 30 to 60 grains must be given the first day, and less the following (increasing when the dieting is resumed, if necessary). 2. Copper arsenite has proved very successful in America, especially in infants. Dr. Arnold recommends it combined with corrosive sublimate and morphine sulphate, of each gr. 1-100 repeated every 15 or 30 minutes till desired effect. 3. Another combination, for mild cases, recommended by Drs. Shaller and Abbott, is zinc sulphocarbolate gr. 1; codeine sulphate gr. 1-4;

It may be worth while to remember that sarsaparilla causes hemolysis due to the saponin it contains.—Heinen.

If Brand bath reduces rectal temperature of a fever patient more than 2° F., case is not typhoid; good test in first week.—Heinen.

hyoscyamine (amorphous) gr. 1-250; and strychnine sulphate gr. 1-134; one every one or two hours till effect. 4. Of the more important recently introduced antiseptics I commend (a) acetozone, claimed to be "the most powerful antiseptic known," already proved useful in enteric and other bowel disorders; (b) alphazone, claimed to be a decided improvement on acetozone; soluble, stable, non-toxic, 75 times stronger than carbolic acid; a 1 to 2,500 solution kills all ordinary pathogenic bacteria in less than one minute—"an ideal germicide." (c) Medicinal izal, non-poisonous, non-irritant, does not coagulate albumin, germicidal power superior to phenol. In dr. 3 1-2 to oz. 8 water, oz. 1, every hour or two until effect. Watch effects (d) Medicinal cyllin, 32 times stronger than carbolic acid with the cholera bacillus (King's College Laboratory Report, 1904), and guaranteed 10 times less toxic to man. Unknown in India till I recently introduced it for trial into a dozen of our Panjab Hospitals; and I have great hopes of its success in all microbic diseases. In these phenol derivatives beware of depressant or narcotic effects: they are presumably all alcohols.

(To be continued)

STOMACH TROUBLES FROM THE STANDPOINT OF THE GENERAL PRACTICIAN.

BY ALFRED S. BURDICK, M. D.

THERE are few troubles to which human flesh is heir more common than those which affect the alimentary tract; yet there are few with which the general practician is, as a rule, so unfamiliar. This is a strange condition of things, for aside from the "revenue" to be derived from the treatment of ailments of this class it has become almost axiomatic that a large proportion of the diseases of other organs, and especially those to which we give for convenience the name of "diseases of metabolism," are directly or indirectly due to dietetic and consequently digestive faults. A thorough knowledge of digestive diseases may be the "key" to many a vexing problem.

The cut-and-dried "favorite prescription" of something "good for dyspepsia" is the rule, I fear, with most physicians: some know of "dyspepsia" only; while many divide their cases into two classes—"gastritis" and "nervous dyspepsia"—but with no very clear conception of the therapeutic indications which even such a simple classification might point out. Usually the patients all get a mixture of nux, pepsin and some aromatic; though once in a while hydrochloric acid is prescribed, and not infrequently the ancient prescription of an alkali before meals.

I believe that this failure to grasp the essential principles in the treatment of stomach diseases is due to the apparent complexity of the symptoms described in text-books, and also to the fact that in practice these symptoms, even of widely varying conditions, on their surface present a confusing similarity. The physician depends for his diagnosis upon what the patient tells him, and in few conditions is this source of information less

In typhoid fever use plenty of water externally and internally.—Heinen. And don't forget the sulphocarbolates.

Don't fail to insist that your scarlet fever patients should remain in bed at least four weeks.—Heinen.

trustworthy. Every doctor should know how to elicit the objective signs of stomach disease—but he doesn't. The examination of the stomach is fully as easy as that of the chest; yet what doctor would make a diagnosis of pneumonia or pleurisy after mere interrogation of the patient? How few there are who take the trouble to expose the abdomen, and make necessary chemical tests, which are no more difficult than urinary examinations.

No man should think of treating diseases of the stomach without having some logical conception of the condition of things he is trying to remedy. The symptoms of chronic gastritis and neurotic hypochlorhydria may seem to be very much alike; yet the treatment which would be indicated for one would be anything but beneficial to the other. Diagnosis, therefore is essential, and correct diagnosis cannot be made without the tools. The laboratory equipment may seem formidable, but after all it is simple enough, provided one sticks to essentials and does not try to do too much. If the doctor understands how to palpate, percuss and auscultate the abdomen, and given familiarity with the use of the stomach tube and the mastery of two or three simple tests, he will do very well in the vast majority of his cases. Why the siphon tube should be such a *bete noir* to so many is hard to understand. It really is not much more difficult to use than it is to give an enema. Personally I would rather introduce the tube into the stomach than to attempt the high rectal irrigation.

Called to attend a case of stomach trouble the physician should first attempt to answer the following questions:

1. Might the symptoms be caused by any trouble exterior to the stomach, and if so what?

2. Is the stomach normal as to size and location?

3. Is there food stagnation—in other words, does the stomach empty itself with reasonable promptitude?

4. Are the secretions normal or abnormal?

5. Are there evidences of inflammatory change or other morbid conditions of the mucosa?

1. Of the exterior conditions causing symptoms of stomach disease the most common are those which interfere with the circulation. Such are heart disease with failing compensation, disease of the liver, especially cirrhosis, disease of the lungs, etc. These all cause passive congestion of the mucosa. Severe anemias interfere seriously with digestion; and on the other hand in many cases they are produced by digestive disease. Morning vomiting should suggest pregnancy. Sudden attacks of vomiting may mean locomotor ataxia. Nausea accompanied with severe blinding headaches should always suggest an examination of the urine—perhaps they are due to uremic poisoning. Occasionally vomiting may usher in the acute diseases such as the exanthemata, while it is often the evidence of a severe autotoxemia. Recurring attacks of severe pain in the stomach may be due to biliary colic. An examination of heart, lungs, liver, of the urine and a careful testing of the reflexes should be made in every suspicious case.

2. The stomach may be dilated (gastrectasis) or prolapsed (gastroptosis). Dilation of the stomach is caused either by obstruction at the pyloric end or by

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In the digestive canal the most favorable conditions for the elaboration of poisons are realized.—Field, *Lancet-Clinic.*

If a child gets chorea after scarlatina, do not fail to examine the heart to see if there is endocarditis.—Heinen.

weakening of the gastric muscle. The obstruction may be either organic or spasmodic; the former is caused by ulcer or other acute inflammatory condition at or near the valve or the presence or pressure of some growth; more rarely by constricting bands. Spasmodic obstruction is usually due to an irritable condition of the mucosa, usually as the result of highly acid states. Weakening and thinning of the gastric muscles may follow any severe debilitating condition, in all probability, but most frequently is a sequel of chronic gastric catarrh.

The simplest way to demonstrate dilation is by giving a seidlitz powder, the blue and white papers being administered separately. Gas is generated in the stomach which is ballooned out so that it is easily outlined by percussion and auscultation. Take care that the colon is not so filled with gas as to confuse you. Avoid distension of the stomach if you are suspicious of erosion from ulcer or cancer. To determine the mobility of the stomach give the patient a half a glass of water; then, by careful percussion outline the lower border and mark the point on the abdomen with a colored crayon; then give more water and notice how much the viscus descends, marking again, then still more as there may be need.

Gastroptosis is usually part of a general process—descent of all the abdominal viscera or at least a good share of them; this general abdominal prolapse is called splanchnoptosis. Have your patient stand up with the abdomen exposed to the pubis: a pronounced case of splanchnoptosis, when observed from the side, shows sagging and protusion of the lower abdomen and a depression in the epigastrium, or just beneath the xiphoid. Glenard's belt sign is useful. From behind the patient grasp the abdomen gently with both hands and "raise up" on it; this gives relief in gastroptosis.

3. Food stagnation means defective motility, usually associated with deficient HCl; however, even when HCl is scanty, if the stomach empties itself promptly there may be no indigestion, since the intestine may take up the work in a compensatory way. As a result of stagnation food ferments and decomposes. If the stomach empties itself promptly there will be no stagnation and consequent symptoms, even though the secretion food ferments and decomposes. If of the stomach as above. The length of digestion is easily ascertained by withdrawing the contents of the stomach at varying periods after the test meal.

Stagnation and decomposition of food should never be allowed to go on, for the latter demoralizes the whole digestive tract and causes many distressing symptoms.

4. While the revelations of the laboratory are by no means infallible, they throw more light upon the condition and working capacity of the stomach than anything else. Of first importance is to learn the amount of HCl secreted. The normal percentage after a test meal is, in Americans, from 0.15 to 0.2 per cent. In Asiatics and other people living habitually on a vegetarian diet the percentage is normally lower. An increase in the secretion of HCl means an irritable condition of the stomach; a decrease of HCl a depressed condition, and this deficient secretion is present in practically all inflammations.

An increased percentage of HCl usu-

Conditions favorable for putrefaction are so numerous that we wonder if digestion can ever be carried on normally.—Field.

Remember that valvular troubles in children are frequently caused by scarlatina and rheumatism.—Heinen.

ally means either hyperchlorhydria or ulcer. When the acid is diminished or absent the trouble may be gastritis, cancer, or any one of a variety of neuroses.

This brings us to the use of the stomach tube. This simple instrument is simply an "overgrown" soft rubber catheter, 30 inches in length. It may have a pump bulb or not, as preferred. The physician should have several tubes of different sizes. They are not expensive. Usually a moderately large one is introduced more easily than a small one. Scrupulous cleanliness is imperative. After use the tube should be carefully washed and a hot solution of soda and water allowed to run through it until it is clean inside as well as outside. It should then be placed in a wide-mouthed jar filled with glycerinized water made slightly antiseptic with carbolic acid. Rinse again before using. To introduce the tube direct the patient to lean slightly forward with the mouth open. The tube should be held in the left hand and introduced with the right, the end being held like a pen between the thumb and two first fingers. Introduce it gently till it touches the posterior pharynx, then tell the patient to swallow, meanwhile pushing it onward very gently. Use no force; it will go down easily enough. On the first introduction the patient will gag and endeavor to reject the tube, but this soon passes. Use tact; reassure him and do not be in a hurry. After the first introduction there is little trouble.

Many test meals are given in the books, but the Ewald-Boas meal meets all usual needs for the general practician. It consists simply of a slice or two of dry bread, or a roll, taken with a glass of water or a cup of weak tea, without sugar, cream or butter. It must be taken on an empty stomach and the product of digestion remaining should be withdrawn with the tube in an hour. If digestion has been fairly good all that will remain is a few ounces of straw-colored liquid, mixed slightly with mucus; if digestion is feeble, broken down and partially-digested food fragments will be found with more or less mucus, epithelial debris and possible blood, while the microscope may show bacteria and fungi of various kinds.

There are many chemical tests in use, but the following three will answer the purposes in general practice: (1) the dimethylamidoazobenzol test for free HCl; (2) the phenolphthalein test for total acidity and (3) the ferric chloride test for lactic acid. Details concerning these will be found in any good work on Diagnosis.

5. Inflammatory changes of the mucosa, in other words "catarrh of the stomach," are suggested by decided and permanent reduction of HCl, as determined above. This suspicion may be verified by a macroscopic and microscopic examination of the gastric content. The presence of mucus in considerable quantity practically always means gastritis. It is only absent in gastritis when the disease has advanced to the point of destroying the mucous lining. Also, a microsopic examination may show more or less degenerated and broken-down epithelial cells and usually bacteria, yeast cells, sarcinæ, etc. Blood is not infrequent and usually means either ulcer or cancer.

Before entering into an extensive in-

Infectious agents are not destroyed in the stomach; only neutralized or passed into state of latent vitality.—Field.

If child complains of angina with fever, ask about vomiting, feel pulse, examine skin of thorax and take cultures from tonsils.

vestigation of the signs of disease the physician has of course interrogated his patient concerning his symptoms. These often give valuable if not infallible information. The physician should elicit the following facts:

1. The family history, especially as regards stomach disease and "nervousness."

2. The duration of the trouble.

3. The coexistence of any intercurrent disease or troublesome symptoms not referred to the stomach.

4. Is there pain; if so, does it come immediately after meals or at some distance after eating. Is it relieved or increased by taking food and by alkalies?

5. Nausea and vomiting. At what time of the day do they occur, how soon after meals and what is the nature of the vomited matter?

6. Points of localized or general tenderness, to be verified by physical examination?

7. Is there constipation or diarrhea?

In many cases the diagnosis will be fairly clear after careful interrogation, and the patient may be placed upon a tentative treatment with reasonable hope of benefit. But in severel cases of long-standing it pays to be thorough.

Having elicited all the facts possible in the methods described, how shall we utilize them? By "putting two and two together" we can now form a pretty accurate estimate of the condition, even if we are not quite sure of the name it should go by. Let us see what is meant by the various symptoms-complex:

Hydrochloric acid excess.—This is due in the vast majority of cases to one of two things: (1) Hyperchlorhydria, the most common of causes of indigestion, or (2) gastric ulcer. (Rarely "acid gastritis" may cause it, but the dividing line between this and hyperchlorhydria is somewhat vague.) To differentiate: The pain in hyperchlorhydria comes at the height of digestion, one to three hours after eating, is relieved by taking food and by the use of alkalies. Gastric ulcer pain commences as soon as anything is taken into the stomach and only ceases when the stomach is empty. The patient often has blood in the vomit and occasionally in the stool. Localized tenderness in ulcer, absent in hyperchlorhydria.

Hydrochloric acid reduced or absent.—This is probably due to one of three things: (1) gastritis, (2) cancer, or (3) a neurosis of defective secretion (hypochlorhydria). To differentiate: Diffuse pain increased by taking food; no hemorrhage; vomiting quite common, morning vomiting in alcoholics; vomit contains mucus; no lactic acid; nutrition impaired but no rapid emaciation—these are observed in chronic gastritis. In cancer there is constant pain; lactic acid is present, HCl being usually entirely absent; generally a tumor may be felt; blood, grumous vomit and stool; rapidly-developing emaciation. Hypochlorhydria is more common in the young than the preceding; no hemorrhage; percentage of HCl is variable; vomiting not a prominent symptom; no mucus; general and local symptoms of neurotic type.

Chicago, Illinois.

(To be continued.)

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Next month the discussion of the significance of gastric signs and symptoms will be continued, and some general principles concerning diet and treatment will be outlined.—Ed.

Bile is capable of fermentation if not of putrefaction; it can but feebly oppose these in the intestines.—Field.

Aortic insufficiency in young, if caused by rheumatism or scarlet fever, gives the best prognosis of valvular troubles.—Heinen.

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CASES OF PROSTATIC OPERATION.*

WM. T. BELFIELD, M. D.

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IN these latter days a man who has gray hairs and urinary difficulties is in imminent danger of prostatectomy —which is sometimes needed, at other times not. For in many of these patients—in spite of their gray hairs—the prostate is not responsible for the urinary difficulties; they suffer from calculus, cancer or papilloma of the bladder, even from locomotor ataxia. I have recently seen a man whose bladder symptoms were entirely due to this spinal cord lesion, and yet who had narrowly escaped prostatectomy in an eastern city.

When the urinary troubles of elderly men are actually caused by prostatic disease, there will commonly be found one of these four diseases of the prostate: (1) Sclerosis; (2) pus infection; (3) hypertrophy (adenoma) or (4) carcinoma.

1. *Sclerosis of the prostate* is frequent without enlargement of this organ; indeed the prostate may be smaller than normal. The successful surgical treatment is not prostatectomy—because this fibrous prostate cannot be enucleated as experts like Freyer and Albarran admit; but it consists in channeling a canal through the fibrous vesical orifice by means of the galvano-cautery introduced through a median perineal urethrotomy. This operation — galvanic-prostatotomy I performed in 1885 and published an account of it in the *Journal of the American Medical Association* the following year. Within a few years it has been advocated by Chetwood, who uses a special cauterizing instrument instead of the simple galvanic knife.

The patient now presented, 68 years old, began to exhibit the usual symptoms of prostatic obstruction eight years ago, culminating three years ago in complete retention, since which time he has been unable to urinate except through a catheter. His prostate is not enlarged—indeed is smaller and thinner than normal. Three weeks ago today I made galvano-prostatotomy on him; today he urinates without a catheter, the residual urine being less han one ounce.

2. *Hypertrophy (adenoma) of the prostate*—the real "senile enlargement" —is illustrated in this second patient, 75 years old—from whom I removed a large middle lobe and two lateral outgrowths through a median perineal urethrotomy. Two weeks after operation the patient holds his urine two to three hours, the residual urine being practically none.

*Presented to the Chicago Medical Society, Dec. 20, 1905.

This operation is not practicable when the prostate, especially its median lobe, is very large. And it must not be confounded with "perineal prostatectomy," in which the posterior surface of the prostate is exposed and opened. This latter operation, so popular in recent years, is rapidly being abandoned because of its unfortunate sequelæ—permanent fistulæ, incontinence and cicatricial contraction of the vesical neck.

3. *Carcinoma of the prostate.* This is an unfortunately common disease in elderly men, usually mistaken for simple hypertrophy. About one out of every ten cases of "prostatic enlargement" in men over 50, is cancer. I have the misfortune to have eight cases of prostatic cancer under my observation at present.

Extirpation of the cancerous prostate is rarely advisable; surgical aid is usually limited to providing a suprapubic exit for the urine. This is generally done by suprapubic cystotomy. The patient here presented illustrates a much simpler and safer method, namely simple puncture of the bladder with a small trocar and canula; a small, soft catheter is then introduced through the canula which is then withdrawn, leaving the catheter to drain the bladder. After four days the catheter is removed, cleansed and reintroduced through the fistula. Thereafter the catheter is removed and cleansed daily, and the bladder washed out by the patient himself. This patient was so operated eight days ago—the absence of calculi being determined by inspection of the bladder through the straight cystoscope introduced through the canula.

The last patient illustrates two of the common evil results of perineal prostatectomy—namely, a permanent perineal fistula and permanent incontinence of urine. This is one of many such cases, operated by excellent surgeons, that have come under my observation. This operation—the removal of the prostate through its posterior surface—should be generally abandoned, as it already has been by various experienced surgeons.

The operations advocated are: (1) galvanic prostatotomy for small fibrous prostates, "sclerosis;" (2) enucleation of adenomatous growths from the *mucous* surface either (a) through a median perineal urethrotomy or, when they are large, (b) through a suprapubic incision; this latter is best made in two stages, avoiding the danger of sepsis.

Nitrous oxide is the anesthetic that I prefer; if air be admitted with the gas, the narcosis may be prolonged indefinitely.

Chicago, Illinois.

THE DIAGNOSIS AND TREATMENT OF CYSTITIS IN WOMEN.

BY ALFRED DE ROULET, B. S., M. D.
Formerly Professor of Gynecology in the Dallas Medical College.

WHILE the term cystitis may be applied to any inflammatory condition involving any or all of the coats of the bladder, in this paper, unless otherwise specified, the term shall be used only as indicating an inflammation strictly limited to the vesical mucosa. Cystitis is popularly supposed to occur much more frequently in the male than in the female, but in its subacute and chronic forms is an exceedingly common disease in women.

Acute rheumatism, uricemia and nervous irritability attending dyspepsia are due to autotoxemia.—Armstrong.

If a patient, after an attack of scarlatina, shows symptoms of meningitis, examine the ear carefully.—Heinen.

Causes.—Among the common causes of cystitis the more important are injuries received in parturition, careless or unskilful instrumentation, and overdistenstion due to prolonged retention of the urine.

Cystitis may result from long-continued pressure of the head in parturition, and frequently follows the early application of the forceps in labor when the cervix is not well dilated. As a result of the paresis incident to prolonged pressure, there is often retention of urine for the first two or three days after confinement, with cystitis a not infrequent consequence. During labor distended bladders have been mistaken for the bag of waters and punctured.

The careless use of instruments is responsible for many bladder infections. It has been asserted that few bacteria are able to gain a foothold in the vesical mucosa so long as the protecting epithelium is intact, but the introduction of a septic catheter or cystoscope not only furnishes the infectious material but is also likely to break down at one or more points, the epithelial barriers. In the days when it was considered good practice to introduce the female catheter "by touch" bladder infections from this cause were proportionately more frequent than at the present time.

Retention of the urine may be due to paresis resulting from pressure or the effects of an anesthetic; to urethral obstruction; or it may be voluntary, as in the case of women with urethral affections who suffer acute pain on urination, or of those who from motives of false delicacy neglect the calls of nature. A number of extreme cases of this kind are on record.

Among other causes of cystitis may be mentioned the extension of inflammation from neighboring organs or structures, as the urethra, vagina, uterus, ovaries, Fallopian tubes, peritoneum, or kidneys. In other cases, the trouble may be due to constitutional conditions, as typhoid fever, myelitis, etc. The administration of certain drugs or the over indulgence in improper articles of diet may result in vesical catarrh. A number of cases have been reported where cystitis has followed the administration of cantharides, while Jacobi reports several cases which he attributes to the use of chlorate of potash.

Occasionally a catarrhal inflammation is due to the presence of a foreign body in the bladder, such as a calculus or some substance introduced through the urethra.

Many observers deny the possibility of a gonorrheal cystitis but it is undoubtedly a fact that a gonorrheal infection of the female urethra often extends upward to the vesical triangle where it sets up a more or less circumscribed area of inflammation.

Symptoms.—The most common and characteristic symptom of cystitis is frequent and more or less painful urination. The frequency of urination varies from every hour or two in mild cases to every few moments in the more severe cases. The amount of urine passed each time varies from an ounce or more to a few drops. In cases of acute inflammation the bladder is exceedingly intolerant of distention, and the accumulation of even a small quantity of urine is impossible.

Pain is more or less constantly present over the entire vesical region, but is most marked immediately above and behind

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Individuals differ greatly as to their susceptibility to autotoxemic poisons; functional digestive disorders favor them.—Mueller.

Exanthemata similar to those of measles and scarlet fever may be caused by belladonna, quinine and KI. No fever.—Heinen.

the pubes. If the patient is able to be about she walks slowly and with the body bent forward to relax the abdominal muscles. If in bed she lies with the legs drawn up for the same reason. The desire to urinate is almost constant and the act is accompanied by sharp lancinating pains. As the bladder contracts during urination the pain becomes agonizing, often extending into the external genitals and rectum and radiating over the lower abdomen and down the thighs. After urination the pain subsides somewhat but increases again as the bladder refills. In aggravated cases strangury is a marked symptom, the pain unceasing, the patient incessantly making violent straining efforts to urinate and able to expel only a few drops of bloody urine. In chronic cases there is not much pain and the frequent urination is due, in a great measure, to contraction of the bladder.

Diagnosis.—As a rule there is little difficulty in the diagnosis of a well-marked case of cystitis, but it should not be forgotten that every woman who complains of frequent urination is not necessarily suffering from cystitis. Frequent micturition may be due to diabetes, to pressure from abdominal or pelvic tumors; to uterine displacements, particularly prolapse; adhesions from pelvic inflammations; urethral affections; injuries of the pelvic floor resulting in dragging upon the bladder tissues; and to various neurotic conditions. Pregnancy is often accompanied by a very annoying frequency of urination. In cases of uterine prolapse there may be frequent micturition when the patient is standing or moving about but not when she is lying down. In cystitis the patient's position has little or no effect. It is essential therefore in patients presenting symptoms of cystitis to exclude these various conditions before making a positive diagnosis.

The examination of the urine should not be neglected and for this purpose it should be drawn with a catheter to avoid admixture with urethral, vulvar or vaginal secretions. In acute cases when the trouble is neither due to nor complicated by retention, the urine is usually acid in reaction, of rather low specific gravity (1005 to 1015), the odor unchanged or slightly more pungent than normal. The presence of blood in small quantities will give a smoky tinge, while pus causes a flocculent cloudiness. In acute cases when retention exists or when the infection is due to or complicated by the presence of the urobacillus, the reaction is strongly alkaline, the odor ammoniacal, the color pale and cloudy and on standing a whitish sediment is deposited. On chemical examination albumin is found in variable amounts. On miscroscopic examination the sediment is found to contain blood and pus corpuscles, triple phosphate crystals, large squamous epithelial cells and considerable granular debris entangled in mucous fibrillae.

In chronic cystitis the urine is almost invariably alkaline in reaction, the specific gravity ranges from 1005 to 1018, the color is a dirty yellowish white, more or less opaque, except when blood is present in any quantity when the color is reddish or brownish. The odor is very offensive. It is not only strongly ammoniacal, but is combined with the odor peculiar to decomposing urine. A heavy ropy viscid sediment is rapidly thrown

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Vertigo, vomiting and grave nervous symptoms attributed to syphilis; cured by overcoming persistent constipation.—Ewald.

In shock give 1-60 to 1-50 grain atropine hypodermically.—Heinen. Good, but for quick, decided action, glonoin, and strychnine.

down. This sediment on microscopic examination (Fig. 1.) shows large numbers of pus and blood corpuscles, numerous large squamous epithelial cells. Triple

Fig. 1. Microscopic Appearance of Urinary Sediment from a case of Chronic Cystitis. (a) Triple phosphate crystals; (b) bladder epithelium; (c) ammonium urate; (d) pus corpuscles.

and amorphous phosphates and ammonium urates are usually present in generous quantities, while calcium phosphate crystals are occasionally found. In the cases in which I have found the calcium phosphate crystals, the cystitis has been of a peculiarly obstinate character, but I am not prepared as yet to express an opinion as to whether or not this association of conditions was anything more than a coincidence.

In acute cases of cystitis the diagnosis must be based on the history of the case and the examination of the urine, as in this stage a cystoscopic examination is not permissible. In chronic cases the diagnosis is made from the case history, the urinary examination, bimanual palpation and direct inspection of the bladder itself.

On bimanual palpation (Fig. 2.) the bladder is found to be sensitive to pressure, and in long standing cases, the bladder walls are often greatly thickened.

The direct cystoscopic examination gives the most positive information obtainable as to the actual conditions in the bladder. The examination is best made with the patient in the exaggerated lithotomy position, the inspection beginning with the posterior vesical pole and continuing in an orderly manner until the entire mucous surface has been viewed. In many cases of chronic cystitis the inflammation will be found limited to one or more small sharply circumscribed areas in the vicinity of the vesical triangle.

Treatment.—The treatment of cystitis varies with the cause of the trouble and the stage of the disease. For example local applications in the acute stages are worse than useless, yet in the chronic conditions they are of the greatest value

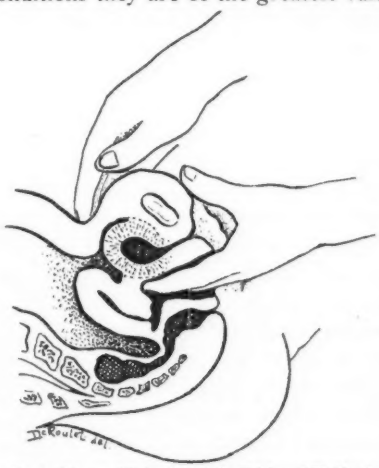

Fig. 2. Bimanual Palpation of the Thickened Bladder in Chronic Cystitis.

Again, a cystitis due to the presence of a foreign body in the bladder disappears with but little subsequent treatment when the foreign body is removed, although

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Remember, that neuralgia has painful spots and myalgia not.—Heinen. Good thing to keep in mind.

In myalgic pains firm pressure gives temporary relief.—Heinen. Remember that case of lumbago?

previously all treatment was unavailing.

Generally speaking, the resisting power of the patient should be increased by hygienic measures, as cleanliness, unlimited quantities of fresh air, with as much sunshine as possible, good food, pure water and proper medication. Water should be given internally in large quantities, not only to dilute the urine but also to help flush out the bladder. The administration of urinary antiseptics is advisable and for this purpose phenol salicylate may be given in five-grain doses three times a day or urotropin in doses of from five to seven grains three times a day. For allaying vesical irritation, the fluid extracts of corn silk and triticum are fairly efficient.

In acute cases the patient should be kept in bed in a moderately warm room.

The diet should be restricted to liquids and semisolids, the bowels should be kept open with an occasional small dose of calomel or saline laxative. Stimulants and highly seasoned food should be strictly prohibited.

Intravesical applications of all kinds are positively contraindicated in the acute stages of cystitis, but copious hot vaginal douches repeated at frequent intervals are of great value in reducing the congestion and relieving the pain. Each douche should last from twenty to thirty minutes and should be repeated every three or four hours. Hot sitz baths and hot applications to the lower abdomen are valuable adjuvants.

Should the pain become unbearable, it is occasionally necessary to give opiates. The opiate may be given in the form of morphine suppositories, or from twenty to thirty drops of laudanum may be given, in two or three ounces of warm starch water, as an enema. Should this prove insufficient to render the patient at least comparatively comfortable, it is permissible to give a quarter of a grain of morphine hypodermically. The hypodermic should not be repeated, however, but if it should prove necessary to continue the opiates they may be administered internally in the form of Dover's powder or powdered opium.

As the inflammation subsides, convalescence may be hastened by gently irrigating the bladder each day with a warm saturated solution of boric acid or warm normal saline solution.

In chronic catarrh of the bladder active treatment is essential, but the effects of the local treatment may be considerably enhanced by the internal administration of such remedies as will render the urine inimicable to the growth of bacteria. For this purpose, phenol salicylate and urotropin are probably the most valuable drugs at our command.

In chronic cases the diet should be moderately restricted, that is only moderate quantities of food should be taken and condiments and stimulants should be omitted.

Irrigation of the bladder is necessary to clear out the accumulations of urinary debris which are not removed by micturition; in this manner enormous quantities of bacteria and toxic materials are eliminated. For simply cleansing the bladder a warm solution of common salt, a teaspoonful to the pint, or a warm saturated solution of boric acid is all that is necessary. In some cases however it is advisable to use a bichloride solution; this, however, should be employed with the greatest care and circumspection and should never be used as a routine meas-

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Myalgia is aggravated by motion; neuralgia, pleurisy and angina are not.—Heinen. More discrimination needed here.

In myalgia look after good elimination by skin, bowels and kidneys.—Heinen. Also colchicine, and lithium and calcium carb.

ure. In irrigating the bladder, the patient should be placed in the dorsal position with her hips at the edge of the table. The external genitals should be carefully cleansed with a 1-2 per cent solution of lysol, especial attention being paid to the urethral orifice and its immediate vicinity. The only apparatus necessary is a soft rubber catheter connected with a glass funnel by a piece of rubber tubing two feet long. The flow may be controlled by raising or lowering the funnel. (Fig. 3.) The catheter is introduced into the bladder, the funnel held below the level of the table to allow the escape of urine, after which the funnel is filled and elevated sufficiently to allow the solution to flow into the bladder. By introducing a sufficiently large quantity of fluid to distend the bladder the entire mucous surface is brought in contact with the solution and cleansed. The patient's sensations should serve as a guide to the quantity introduced. At first the bladder will retain very little but with repeated irrigations, it becomes very tolerant to distention. After the solution has remained in the bladder a few moments, the funnel is lowered and the solution allowed to escape. At first it will return turbid from admixture with urinary debris, but the process should be repeated until it comes away perfectly clear.

Fig. 3. Method and Apparatus Employed in Irrigating the Bladder.

In many cases the treatment may stop at this point, in other cases however, further medication is necessary. For example, in very obstinate cases, after the bladder has been thoroughly cleansed, it may be distended for a moment with a weak solution of silver nitrate. It is best to use at first a 1-1000 solution and gradually increase the strength to 1-500. After the injection of the silver solution the bladder should be flushed out with a normal saline solution. In other cases the employment of a saturated solution of picric acid is very beneficial, allowing it to remain in the bladder from three to five minutes before it is withdrawn.

In cases where fetid decomposition of the urine is a marked symptom, the instillation of a dram of a 10 per cent suspension of iodoform in glycerin, diluted with an ounce of warm water may be employed every other day, the fluid being retained in the bladder for several hours if possible. The action of the iodoform is so uniformly beneficial in the way of reducing the pain and frequency of urination, as well as increasing the patient's comfort, that a failure to respond promptly to this treatment would suggest the existence of some complications, as pyonephrosis, vesical calculus or urethral obstruction.

In old chronic cases when the inflamed

In opium poisoning inject strong, hot coffee into the bowel if the patient is unable to swallow.—Heinen.

Contracted pupils are always contraindications for opiates, whether the patient has had any or not.—Heinen.

areas are neither numerous nor extensive, direct topical applications form the most efficient method of treatment. The patches are exposed with the cystoscope in the same manner as in making a cystoscopic examination, and the solution applied by means of a small pledget of cotton twisted on a fine wire applicator. Care should be taken to allow the solution to come in contact only with the diseased areas. This is readily accomplished by using small applicators and keeping the parts carefully under view. In making topical applications it is well to begin with weak solutions and gradually increase the strength as conditions warrant. Of the various drugs employed for this purpose I have found silver nitrate solutions (2 per cent and 5 per cent), the most generally useful as well as the most satisfactory.

In the treatment of some very obstinate cases, cystotomy is usually advised to secure continuous drainage of the urine and to give the bladder complete rest by relieving it of all physiological function. In the majority of cases of this nature it is possible to secure both the rest and the drainage by the employment of a self-retaining soft-rubber catheter. It is necessary to watch the catheter closely and remove it for cleansing at least once each day, and oftener if it becomes occluded. Remember the danger of infection.

Chicago, Illinois.

SOME ADVANCES IN THE OFFICE TREATMENT OF RECTAL DISEASES.

BY R. D. MASON, M. D.

Professor of Rectal and Pelvic Surgery in the John A. Creighton Medical College; Surgeon to St. Joseph's Hospital.

ABOUT three years ago I issued the first edition of my book on "The Office Treatment of Rectal Diseases." At that time not much was said on this subject. Now one can scarcely take up a medical journal without seeing some method advocated which will enable the physician to quickly and easily cure his patients in the office, and this with no pain or discomfort, and no detention from their usual occupations. Some of the methods advocated are good, but others are simply foolish and show that the writer has written from theory rather than from practical experience. It is a very easy matter to sit in one's office and evolve some method of curing a diseased condition, but it is an entirely different matter to put this theory into practice and bring about the result hoped for. It is only long-continued use of any remedy or surgical procedure that will enable one to speak upon it intelligently, and as one having authority. Feeling that I have had this experience I wish to go over a few points briefly and speak of some of those things known by me to be good as well as others that have proven failures.

Eight years ago I read a paper before the Medical Society of the Missouri Valley at its meeting at Council Bluffs on "The Injection Method of Treating Internal Hemorrhoids," in which I strongly advocated this method in properly selected cases. While many new

It is worth while to remember that an ice-bag to the lobe of the ear may arrest hiccough.—Heinen.

In your obsteric cases remember that strong, hot coffee may be valuable when there is uterine inertia.—Heinen.

methods have been described since then both by myself and others, time has more clearly proven that this method was, and is today, the best that has so far been brought forward *if used properly, and in proper cases.* It will not only cure the patient promptly, and permanently, but it will do so with but little pain or inconvenience. An experience of several hundred cases has proven this to me beyond a doubt. Only a limited number are suitable cases for this method of treatment, and it is often used when it is not the best method, and bad results follow.

Briefly, the cases in which I use the injection method are those of old, non-irritated, venous, internal hemorrhoids which prolapse easily through a loose sphincter-muscle and which do not bleed or cause any pain but are more an inconvenience than otherwise, simply because of their constantly being outside the body. Should the parts be inflamed or irritated and the sphincter-muscle tight and inclined to spasmodically contract, the injection of carbolic acid into the tumor will cause great pain and may lay the patient up for several days.

I have tried about all the different formulas recommended and have concluded that a strong astringent with carbolic acid is the best. These may be combined as follows:

Tannic acid .....gr. 20
Carbolic acid .....dr. 2
Glycerin .....dr. 2
Water .....dr. 4

This makes a 25 per cent solution of carbolic acid which is really the active ingredient; the tannin by its powerful astringent action prevents the acid from going into any tissue except where it is actually forced, thus preventing it from going where it is not needed. Its action is so pronounced that when the needle is withdrawn the puncture made by it remains open like a nail-hole in a piece of wood.

Local anesthesia has now been perfected so that many of these operations may be done with but little immediate pain, but the after-effects are just as severe as though a general anesthetic had been given. It is not reasonable to expect to do any operation about these parts in which the tissues have to be cut or cauterized without some suffering for a few days afterwards. I always explain to my patients that there will be some pain following the operation but that it will last only a few days, and will be easily controlled.

There is no more harm in giving a patient morphine after an operation done under local anesthesia than when chloroform has been used. I have known patients who have been kept under large doses of morphine for a week after ligature-operations done under chloroform.

Much has been written recently about using sterile water to produce local anesthesia. I advocated this in the first edition of my book more than three years ago, but it has since been taken up and heralded as a new and wonderful discovery. In rather dense tissue where the water can be forced in so that it will distend the parts and will remain a sufficient length of time to drive out the blood and make considerable pressure on the nerve filiaments it works all right but in the loose, connective tissue about the rectum it is not entirely satisfactory. Another thing against it is that it requires so much water that the parts are

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In uterine hemorrhage give glonoin, 1-1000 grain every four hours in addition to other treatment.—Heinen. Hydrastinine for oozing.

In coryza and bronchitis, symptoms worse in evening, fever out of proportion to bronchial involvement, suspect pertussis.—Heinen.

swollen and so greatly distorted as to be hard to manage. A weak solution of eucain to which has been added a few minims of a one to one-thousand solution of adrenalin is perfectly safe and a few drops will accomplish more than half an ounce of sterile water. A two per cent solution is as strong as ever need be used when it is injected into the tissues; and one-half, or even one-quarter of this amount works satisfactorily in most cases. If applied externally it should be much stronger, even as strong as ten per cent being perfectly safe, as only a small part of the amount applied is absorbed.

Many attempts have been made to dilate the sphincter muscle under local anesthesia, but with only partial success. Introducing a pledget of gauze soaked in a ten percent solution of eucain and allowing it to remain for a few minutes will render the mucous membrane nearly devoid of sensation, but the deeper tissues will not be affected. By puncturing the tissues in two places with a hypodermic needle and injecting a few drops, almost complete anesthesia may sometimes be brought about. This is done as follows: The needle is introduced on one side of the anus about one-half inch from the muco-cutaneous junction, and pushed in about one inch; ten or fifteen drops of a one per cent solution of eucain are now forced into the tissues as the needle is slowly withdrawn, nearly but not quite out; it is now forced upward at an acute angle to the first puncture, and the same amount deposited; the needle is again partly withdrawn and forced downward at an acute angle and the same amount deposited, after which it is completely withdrawn, only one puncture having been made through the skin. The same procedure is carried out on the opposite side. The nerve supply enters the sphincter muscles from the side with but few fibers in front or behind and the above procedure very nearly strikes the main branches as they enter the muscle from either side. This requires from one, to one and a half drams of the solution which is a little more than one-half grain. This amount is perfectly safe so far as life is concerned, but, should any toxic symptoms appear, a hypodermic of glonoin may be given and the patient allowed to lie still for a short time.

After the muscle has been divulsed as fully as possible, any hemorrhoids that may be present can be drawn down and ligated, or removed by the author's continuous suture clamp method. Should the tumors still be sensitive there is no objection to filling them full of a weak eucain solution, for they are almost immediately ligated and but little if any of the solution gets into the circulation. This should be thought of, however, and guarded against, as the patient might easily get an over-dose in this way. Sterile water may be used here.

The treatment of certain rectal diseases with the actual cautery is being done more and more and the technic has been perfected so that it is applicable to several diseased conditions. The actual cautery has been used from the earliest history of surgery for the removal of hemorrhoids under general anesthesia, but it has only been within the last few years that it has been made use of where local anesthetics have been used. I have employed it for a long time in treating capillary hemorrhoids; also for destroy-

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In cases of whooping-cough examine the mouth for stomatitis and the lungs for broncopneumonia.—Heinen.

If epilepsy starts in adult life, question the patient closely as to the possibility of syphilis. —Heinen.

ing small ulcers, especially if they bear evidence of being of specific origin; also in certain cases of prolapse. It may now be used to destroy quite large internal hemorrhoids by first using eucain solution and then plunging the red-hot point boldly into the tumor in one or two places. This may be done with no pain, and not much subsequent suffering. For hemorrhoids that bleed, especially those that do not protrude, this treatment is especially to be commended. The main objection to it is that it is slow, and where patients come from a distance and are unable to remain long it is not suitable.

The technic is simple and yet rather difficult to one who is not in the habit of doing this kind of work. The tumor is exposed through a slide-speculum and injected with a weak eucain solution until distended; after a minute or two the cautery is heated to a dull red and forced into the center of the tumor. If very large it may be burned in two places. This causes some soreness, lasting for a day or two, after which the tumor gradually dries up and disappears. After ten days or two weeks another one may be treated in the same way or a second treatment may be given the first one if any of it remains.

Tumors that protrude through the sphincter easily may be treated in some other way with greater satisfaction to both the doctor and the patient. Of course, I realize the fact, that the surest, quickest, and easiest way to treat these patients is to take them to the hospital and do a radical operation under chloroform, or ether, but there are a certain number who, for some reason, are unable to take a general anesthetic and must either be cured in this way or remain as they are; also many persons who have families dependent upon them for support who cannot well spare the time to go to the hospital for an operation, but are willing to stand some suffering if it will enable them to continue their work. I have succeeded in curing some very severe cases without the patients having lost an hour's time and they were as permanently cured as though a radical operation had been done.

I admit that it makes more work for the doctor and that many do not care to take several weeks to cure a case when it might be done in twenty minutes, with a week or two of care by the nurse. I feel this way about it myself and many times when very busy have felt like refusing to try to cure certain patients unless I could do it in my own way, by operation, but when I have tried to put myself in the patient's place, and look at the matter from his standpoint, I have relented and done the work in the office or at the patient's home, provided I was sure that the result would be satisfactory, and in this way have saved them considerable expense as well as some loss of time, as well as the danger of an anesthetic and dread of an operation.

Omaha, Nebraska.

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There are few, if any, men in the country more competent to speak with authority concerning the injection treatment of hemorrhoids than Dr. Mason, whose brilliant work on "The Office Treatment of Rectal Diseases" we have often had occasion to refer to in these columns. That this operation has a wide range of usefulness there can be no

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The tabetic patient, it should be remembered, has a tabetic foot with loss of the arch.—Heinen.

Serous summer diarrheas in children are often checked by cold baths (75° F.) every three to six hours.—Heinen.

doubt. It will pay you, Doctor, to familiarize yourself with it so you may be prepared when the occasion arises, as it will to do this work.—ED.

ENDOMETRITIS.

BY CURRAN POPE, M. D.
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II.

IN the pathology of this disease we have to deal with an acute inflammation, the first stage of which is an intense and acute engorgement of the uterine mucous membrane which becomes red, swollen, edematous, softened, bleeding easily. As this stage passes away the mucous membrane becomes covered with mucus or muco-pus originating from excessive glandular action. Microscopic examination of the discharge will reveal a field full of pus-cells and sometimes a cast of the uterine follicles. "The whole substance of the uterus generally appears to be increased and its tissues more vascular and succulent, especially in the layer nearest the mucous membrane," says Klob.

The existence of an acute purulent inflammation within the uterine cavity renders complications a matter of ease, extension of the inflammation occurring usually by continuity of tissue. Thus we may have an extension into the parenchyma of the uterus setting up metritis; into the Fallopian tubes causing salpingitis; into the peritoneum causing pelvic peritonitis; to the vagina, vulva and cutaneous surfaces, setting up an inflammation in these structures.

Acute endometritis does not as a rule cause death save during the puerperal state. Many writers have made the observation that even untreated it finally passes on to recovery, sometimes without a diagnosis having been made of the nature of the affection. The commonest outcome, however, of the acute attack either with or without treatment, is the chronic inflammation. Where, however, complications exist and the disease spreads along the Fallopian tubes, purulent matter is discharged into the peritoneum, grave conditions arise and death may supervene.

Where ordinary care and attention are given by the patient to the treatment of the disease and where the medical adviser is in charge, the outcome so far as an acute attack is concerned is always favorable, save for the fact that the chronic inflammation will require local treatment for its relief.

Treatment.—Having diagnosed the condition, no temporizing or delay should be permitted. The patient should be put to bed and kept at perfect rest. A hot saline enema should be administered and sufficient quick-acting salines given to thoroughly empty the cloaca. As soon as this is done and particularly if the inflammation is due to a suppression of the menses we should reëstablish the flow by administering a hot Sitz bath, 105° to 110° F., with the water well above the hips for ten to fifteen or even twenty minutes, gradually adding hotter

Fifty years ago life insurance companies had little more sense about alcohol than others generally.—Woods.

Now-a-days life insurance companies prefer to insure total abstainers.—Woods. And don't get a chance!

water as the patient becomes accustomed to the temperature. She should then be removed to bed, a hot antiseptic saline douche given, wrapped in a hot dry pack with hot water bag to the pelvic region and feet. Hot drinks can then be administered to promote diaphoresis. She should be kept quietly in bed and this treatment repeated twice daily in the morning and evening.

If there is any elevation of temperature and especially if the pulse is bounding and the blood pressure high, we should administer aconitine (grains 1-134: Gm. .0005), repeated every thirty minutes until the physiological effect is felt upon the pulse. At the same time we may administer every three hours quinine sulphate grains 3 to 5, with phenacetin, grains 3 in capsules.

Between the Sitz baths the *hot pack* may be given thus: Spread a double blanket underneath the patient extending from the epigastrium to the feet. Take a linen sheet and fold it to such dimensions as will include the patient's body from the navel to the feet. Take another sheet and place over a pan or vessel; put the folded sheet that is to be used in the pack on top of this sheet and pour over it water at a temperature of 140° to 150° F. Rapidly wring the folded sheet dry by twisting the unfolded sheet until the inner sheet is practically dry. Rapidly unfold and slip under the patient from just above the hips to the feet, folding it over her so as to include the inner sides of the thigh and leg. Rapidly fold the blanket over the sheet and tuck same around the body very tightly, taking care to fold the open ends at the bottom so as to *absolutely* exclude the air. Cover the patient well with the bed clothing and let the pack remain on one hour. Rapidity of application will count for much in comfort and retention of heat.

When the hot half pack cannot be administered *hot fomentations* may be used. Rub the abdomen gently with vaseline over the pelvic and lower abdominal regions. Fold a blanket of sufficient width to extend from the ensiform cartilage to midway of the thigh and slip under the patient. Now take a large towel and place over the mouth of the bucket; into this place a heavy Turkish towel or what is better a piece of old blanket of sufficient size and place in the already-prepared towel. Pour over this water at a temperature of 140° to 150° F., and rapidly wring the water out of the blanket by twisting the towel until the blanket is perfectly dry. This will require some force and strength. It can be best accomplished by means of two handles with an intervening cloth between them. As soon as the fomentation is in place and the patient can tolerate the heat, the blanket should be quickly wrapped around the body over the fomentation and tightly tucked under the sides and hips. To those who have never used this treatment the relief that it can give will prove a surprise.

The diet should be exceedingly simple, at the start liquid, free from meat and meat soups, and may consist of milk and lime or Vichy water, the prepared infant foods, gruels, etc.

It will therefore be seen, in addition to the rest, diet, and medicinal treatment, free movement of the bowels, we shall each day give the hot Sitz bath morning and night, and the hot fomentation or pack in the middle of the day.

Alcohol as a medicine or a beverage is only evil and that continually. It may do great harm.—Woods.

If you want to save your pneumonia and typhoid-fever patients, don't give them alcohol in any form.—Woods.

When there is a great deal of pain this can oftentimes be relieved by the use of bipolar faradization given from a fine wire (36) high tension coil for ten to twenty minutes. In giving bipolar faradization the patient should try to relax the abdominal muscles as much as possible. The smallest bipolar electrode, warmed and well lubricated, is introduced gently into the vagina, and passed up behind the uterus. The high tension coil is placed in position, and the current turned on very gradually to toleration and just as carefully reduced to zero after the current has been running twenty minutes. An ordinary battery with its coarse coils would prove simply a torture to such a case.

In some cases percutaneous galvanism proves of great help. Take two large ten by twelve felt-covered electrodes, wet in hot bicarbonate of soda solution and place one upon the lumbar region and the other over the pelvis and lower abdomen. Connect the negative pole to the abdominal pad and the positive pole to the lumbar pad. Throw in twenty to thirty cells of the galvanic battery and slowly turn on the current by means of the rheostat until the milliamperemeter registers twenty to twenty-five ma. If possible increase again in a few minutes until comfortable tolerance is reached.

It may be repeated if necessary twice daily. The writer has always adhered to the use of mild antiseptic douches, preferring normal saline solutions to which boric acid has been added.

Unless the trouble is post-puerperal no local treatment should be adopted nor should specula, instruments, examination, or treatment be given per vaginam. When the condition follows labor, curettage must be performed without delay, followed by an intrauterine antiseptic douche of bichloride solution 1-3000 and vaginal douches every six hours. Kahn (*Centralblatt fuer gynaekol.*, 1896) and Johnson (*Boston Medical and Surgical Journal*, March 16, 1900) recommended the injection of steam by means of a jet into the inflamed uterus where the condition follows labor. The apparatus consists of a metal can with a spirit lamp and a thermometer which registers up to 200° C., some rubber tubing and a catheter. The application lasts about half a minute, and never over a full minute. By means of a tap, the current of steam can be interrupted while the catheter is being adjusted before use, lest scalding or burning should occur. The temperature of the steam must be a little above boiling point, about 110° C. The jet of steam is followed by no bad effects, and gives little or no pain. Uterine contractions are actively stimulated and ill-smelling discharges cease. Steam kills the bacteria in the endometrium, and as it coagulates albumin all blood-vessels and lymphatics are sealed up, and fresh granulations can develop under the protective covering.

The general plan of treatment here outlined should be followed until recovery takes place or until the disease has passed into its chronic form and requires treatment for that state. Great care should be exercised in getting the patient up and every endeavor should be made to avoid setting up a fresh inflammatory reaction.

Louisville, Kentucky.

(To be Continued.)

Keep in mind that colchicine, given to effect, will relieve and cure many of your chronic rheumatism.—Woods.

As a secondary dressing for burns try zinc oxide, 2 to 3 drams; vaseline 1 oz. Mix and apply freely.—Woods.

These splendid articles will be continued next month. We want to urge every one of our readers to go through them carefully. Endometritis is a condition with which all of us have to deal and Dr. Pope can help us to help our patients. We shall look forward to the further discussion of the subject.—ED.

SURGICAL NOTES

IMPERFORATE ANUS.

Dr. W. Q. Hunter, of Louisville, Ky., writing (*Medical Age*) concerning this subject reaches the following conclusions: (1) An operation should always be performed, and performed without delay. (2) If there be any chance of establishing an opening at the normal site of the anus, the surgeon should at first direct his attention to this procedure. (3) The use of a trocar as an aid in finding the rectal pouch before or after incision through the perineum is not sanctioned by modern surgical authority. (4) The results of attempts to establish an outlet for an imperforate rectum through the perineum are not favorable as regards the production of a useful anus. (5) In case of failure to establish a new anus in the anal region, colostomy should at once be performed. (6) In the formation of an artificial anus the left groin is the best site for the operation. (7) Attempts at establishing an anus in the anal region after a colostomy are attended with great danger, and are generally unsuccessful.

"VICARIOUS ATONEMENT" IN SURGERY.

That the belly of a doctor in Chicago should be opened and drained to cure another doctor in Cincinnati is the startling proposition of the *Lancet-Clinic!* In its obituary of Dr. A. W. Johnstone (*Lancet-Clinic,* Oct. 7, 1905) it gravely says: "The disease, readily diagnosed as appendicitis proceeded rapidly. With the operation and free drainage of Dr. E. C. Dudley, of Chicago, the sufferer's life-long friend, the hopes of his anxious attendants revived." Now isn't that awful?

ACUTE PHLEGMONS OF THE HAND.

A most practical paper upon this subject by Dr. Allen B. Kanavel of Chicago, appears in *Surgery, Gynecology and Obstetrics.* In it he calls special attention to the fact that there are five great spaces, with their tributaries, in which pus can accumulate, in phlegmons of the hand: First, the dorsal subcutaneous, which is an extensive area of loose tissue, without definite boundaries, allowing pus to spread over the entire dorsum of the hand. Second, the dorsal subaponeurotic, limited upon its subcutaneous side by the dense tendinous aponeurosis of the extensor tendons, upon the deep side by the metacarpal bones, having the shape of a truncated cone, with the smaller end at the wrist and the broader at the knuckle. Laterally the aponeurotic sheet shades off into the subcutaneous tissue. Third, the hypothenar area, a distinctly localized space. Fourth, the thenar space, occupying, ap-

German physicians are arranging a system by which the doctor can be sure of a Sunday vacation free from the calls of duty.

Women particularly should be cautioned against the use of nostrums of the coal-tar type during menstruation.—*J. A. M. A.*

proximately, the area of the thenar eminence, to the flexion-adduction crease of the thumb, not going to the ulnar side of the middle metacarpal. It should be remembered that this space lies deep in the palm, just above the abductor transversus. Fifth, the middle palmar space, with its three diverticula below along the lumbrical muscles, limited by the middle metacarpal bone upon the radial side, overlapped by the ulna bursa upon the ulnar side, and separated from the thenar space by a partition which is very firm everywhere except at the proximal end, where it is rather thin. A small isthmus can be found leading from the proximal end of the space under the tendons and ulna bursa at the wrist up into the forearm.

NO DAY LOST.

The doctor who aspires to be a good surgeon should never go to bed without learning one new thing about surgery or pathology.

ANOTHER DEATH FROM SCOPOLAMINE.

In the *Lancet-Clinic* of Nov. 18, 1905, Dr. J. C. Sexton reports a case of death from injection of 1-100 grain of scopolamine hydrobromide with 1-6 grain of morphine sulphate. The patient, a woman forty-seven years of age, suffered from a fibroid. She was anemic, poorly nourished, pulse-rate 100, a weak heart, with vertigo and other symptoms of cerebral anemia. On account of the sleeplessness two doses of trional had been given. She was nervous and much afraid of the anesthetic. Fifteen minutes after the hypodermatic administration of the scopolamine-morphine she became comatose and death occurred in somewhat less than two hours. As this makes twelve deaths already reported following the administration of this drug it is a safe thing to say: the "common doctor" better stick to cocaine and general anesthesia.

TREATMENT OF FACIAL ERYSIPELAS.

For more than a quarter of a century Prof. W. F. Waugh has not had a case of facial erysipelas which did not promptly yield to treatment, consisting of pilocarpine in sthenic cases and iron in asthenic ones; with practically no attention to local measures save exclusion of the air. In sthenic cases the pilocarpine is given every hour until sweating occurs. When this takes place the edges of the involved area begin to recede. This remedy is then suspended for a day, and if the eruption continues the treatment is resumed until it is evident that the remedy has perfect control of the disease. In asthenic cases the tincture of the chloride of iron, thirty drops, is given every four hours, and nourishment is crowded, when improvement sets in at once.

ACTINOMYCOSIS.

Annals of Surgery contains an interesting contribtution to the study of actinomycosis, by Dr. Arthur Dean Bevan, Professor of Clinical Surgery in Rush Medical College, Chicago. He treats chiefly of its clinical aspect, laying particular stress upon the differential diag-

Practically everyone concedes that phagocytosis is the most important element in the production of immunity.—*J. A. M. A.*

Schieffelin and Fougera have withdrawn from the Proprietary Association of America. Set up a standard and the best will rise to it.

nosis of the condition. He makes the point that in his cases he has observed that the actinomycotic granules were gray or translucent more often than yellow. In this connection he calls attention to a source of possible error, for in one case of suppurating epithelioma, the pearls liberated by suppuration were mistaken for actinomycotic granules. Mention is made of the difficulty of finding distinctive, characteristic fungi under the microscope. He classifies actinomycosis clinically as: (1) Head and neck actinomycosis, with infection from mouth and pharynx; (2) Chest actinomycosis: i. e., through the respiratory tract; (3) Abdominal actinomycosis with infection probably always through the alimentary canal, possibly through the genital tract of the female; (4) Actinomycosis of the skin. The conclusion is drawn that the disease is quite common and is often not recognized. Bevan reports six cases of his own; three abdominal, one pulmonary, one neck, and one rectal. Treatment consists of laying open and curettement of sinuses and internal administration of iodide of potassium.

ECZEMA OF THE HANDS.

By reason of much scrubbing and enforced application of hot water to the hands, many surgeons develop eczema of the hands—especially those who use the permanganate of potash and oxalic acid solutions. To these the remarks of Dr. Prince A. Morrow, of New York, will be of interest. He says: No application I have ever tried has proved so serviceable in keeping the skin soft, supple and pliable as the oleate of bismuth ointment, the composition of which is as follows:

℞ Bismuth oxide .... 4. (dr. 1)
Oleic acid .....32. (oz. 1)
Cerae alb .....12. (dr. 3)
Vaseline .....64. (oz. 2)

The addition of a few drops of the oil of rose renders the ointment more agreeable.

FRACTURE OF OLECRANON.

In fracture of the olecranon Dr. John B. Murphy, of Chicago, now advises subcutaneous wiring. It may be done without opening the joint and without any danger of infection if one is very careful in aseptic details.

SPINAL ABSCESSES.

When abscesses form in Pott's disease of the spine the abscesses which contain only tubercular liquification should be aspirated. When true pus has formed, aseptic thorough drainage is advisable.

GYNECOLOGICAL NOTES

OPERATIONS ON CANCER OF THE BREAST.

In removing carcinoma of the breast there are two chief reasons for return of the disease: (1) Want of care in dissecting out all the fat and glands of the axilla, and (2) leaving too much of the skin over the affected area. Of the first it may be said that a large majority of

A great series of articles is appearing in *Collier's Weekly* on "Preying on the Incurables." You lose a lot if you miss it.

The patent medicine business is nakedest, most cold-hearted. Relentless greed sets the trap; death is partner in the business.—*Col.*

operators spend too little time in removing the axillary contents—it requires from a half-hour to an hour to get all the tissues out which may possibly be implicated by the cancerous process. Not only the fat and glands of the axilla should be excised — the chain of lymphatics running down beside the long thoracic vessels, those running down behind the scapula and those extending up beneath the clavicle should be removed; indeed, some surgeons now advocate removal of the cervical glands, but this is scarcely needful, unless they can be felt beneath the skin and muscle; and then it is doubtful if any operation at all is justifiable. Of the second it may be said: It is well to cut wide of the affected area, running the risk of having to make a Thiersch graft rather than to leave skin which may be the site of incision-recurrence—a very frequent thing in the work of inexperienced operators.

LACTIC ACID FOR GONORRHEAL CERVICITIS.

Merck's Archives quotes Dr. S. Chandler, of Philadelphia, as strongly advocating the use of lactic acid for the treatment of gonorrhea of the cervix as preferable to other methods. His method is as follows: Cleanse the vagina and cervix thoroughly with warm water and cotton soaked in a watery solution (4 to 6 oz.) of pyroligneous acid. Expose the cervix by drawing it downward and into view by an ordinary long tenaculum; then take an ordinary hypodermic syringe loaded with pure lactic acid, and inject just beneath the membrane a few drops of the acid. Continue this until the whole of the cervix is exposed as the superior and inferior lip is injected. It may be done in one sitting, or in a nervous case, if desired, in two or three sittings. He concludes from his experience with this and other methods that lactic acid cures cervical gonorrhea, has no ill effects, and prevents the spread of the disease into the body of the uterus if used sufficiently early. As ordinary douches and painting the cervix give only temporary relief, it is better to destroy the cervical glands, and this should be done as soon as a positive diagnosis is secured. In all cases of chronic cervicitis both the discharge and the cervical membrane should be examined before excluding gonococci, which are the cause of most chronic discharges from the os. This method of injecting the cervical glands with lactic acid, he believes, is the best prophylactic against future disease of the tubes, etc. A too deep injection of the lactic acid may cause an annoying, though not a dangerous, slough, lessening the good results; caution against this is, therefore, advisable.

UTERINE BLEEDING.

Under this caption Dr. Herman St. John Boldt, Professor of Gynecology in the New York Post-Graduate Medical School, discusses various conditions leading to hemorrhage of the uterus, in *Boston Medical and Surgical Journal.* He reports that he has used stypticin in a number of cases with marked effect; in others it was powerless. Among thirty-five fibromyomata eleven were benefited, the rest were not. In one case of menorrhagia due to an interstitial fibroid the relief was very marked. In hemorrhage due to uterine cancer the

Out of 465,020 cases of pneumonia tabulated by Wells, the mortality was 20.1 per cent for all ages. In large cities 20 to 35 per cent.

Tuberculosis: The chief aim of medicinal treatment should be to raise the physiologic activity of the cells.—Bjorkmann, *Merck's A.*

result was negative. Five cases of post-puerperal bleeding were cured (after the removal of retained placenta shreds).

Hyperplastic endometritis yielded well to curetting with stypticin; the glandular form did not. About half of Boldt's cases of chronic metroendometritis were benefited by this treatment, which failed, however, to cure only three among twenty-three cases of non-suppurative pelvic inflammation. Stypticin was very beneficial in irregular bleeding during pregnancy; nor were there unfavorable symptoms as a result. Most cases of profuse menstruation in virgins without organic pelvic changes were benefited; as also a typical bleeding without pathological cause during the climacteric.

Boldt considers stypticin, while not a panacea for all cases, better than any other remedy; in some instances it has been a specific. If no effect is produced after three large doses (two and one-half to five grains), its continuance is useless. In fibroids its use should be discontinued if two hypodermics of five grains each at intervals of from ten to twelve hours did not diminish hemorrhage. No harmful results have followed the use of stypticin even in five-grain doses every three hours. Sometimes the pain associated with bleeding has also been relieved by this drug. For too profuse bleeding one should begin with one-grain doses till about one week before the expected flow; upon the appearance of the flow two and one-half grains should be taken every three hours through the entire period. Metrorrhagia requires two and one-half to five grains every two or three hours until the bleeding is lessened, when the dose may be gradually decreased to one grain every four hours. If quick results are imperative, from three to five grains may be injected in a 10 per cent solution into the buttocks. The taste of this drug is disagreeable; it should therefore be given dry in capsules.

THREE VALERIANATES IN GYNECOLOGY.

A combination very effective with "run-down" gynecological patients, or for those having a slow convalescence after operation, is:

℞ Quininæ valerianat.
Zinci valerianat.
Ferri valerianat. aa 2 (dr 1-2)
Misce et ft. capsul. No. xxx.

Sig. One capsule one hour after each meal. If there be a really painful condition present or if the patient be extremely nervous, one-quarter or even one-half grain sulphate of codeine may be added to each capsule.

MASSAGE AND SEXUAL EXCITEMENT.

Physicians are often asked by masseurs (and especially by masseuses who desire work upon gynecological patients) why they do not more frequently prescribe or endorse massage. Such questions should be answered by the plain truth, viz.: That massage is an equally powerful stimulant to the skin and to the sexual sphere, the irritation of the skin producing erotic thoughts in the purest-minded even though administered by one of the same sex. In excitable, neurotic female patients therefore general massage is especially harmful rather than beneficial; and in sexual neurasthenia it

Chicago mortality in 1905 was 13.67, based on U. S. Census population estimate of 1,990,750 a safe minimum far below truth.

Jan. 20, Chicago reports influenza 50 per cent and pneumonia 25 p. c., less, but diphtheria increasing and higher mortality. Too hot.

is particularly dangerous. One mile of walking is worth two hours of massage. Ellis is quite right in his declaration that the gynecological massage introduced by the Swedish teacher of gymnastics, Thure-Brandt, as involving prolonged rubbing and kneading of the pelvic regions ("pression glissante du vagin,") whatever its therapeutic value, cannot fail in a large proportion of cases to stimulate the sexual emotions. Eulenberg remarks that for sexual anesthesia in women the Brandt System of massage may "naturally" be recommended.

AN ENORMOUS TUMOR.

In *Texas State Journal of Medicine*, February, 1906, Dr. Arthur E. Spohn, of Corpus Christi, Texas, reports the removal of a woman from a tumor which weighed 328 pounds! The growth was a multicystic ovarian tumor of several years' development, and when the patient laid upon her back it extended from her chin to midway between her knees and feet. He first removed thirty gallons of gelatinous fluid, and one week later completed the operation. The sac alone weighed 40 pounds. Patient made a good recovery.

OBSTETRICS IN THE PHILIPPINES.

A most interesting paper by Dr. Wm. Duffield Bell, appears in *Medical Record*, January 27th, in which he says that the belief that the women of semi-civilized races escape many of the pangs of childbirth is certainly erroneous regarding the Philippine natives. The life of the Filipino woman is comparatively short, due to her many pregnancies, much manual labor, insufficient food, and most of all to the crude, brutal, and ignorant practices employed as obstetric aids. The two chief procedures used to facilitate expulsion of the fetus consist first, in a stout band of cloth passed about the woman's abdomen and pulled tight by four persons, who are seated, two on each side of the patient, with their feet against her body, and second, in a plank six or eight feet long by a foot wide, which is placed across the woman's abdomen while another person, mounted on the plank, rises on his toes, and lets the heels descend forcibly. The birth of the child is followed by the expulsion of the placenta by the above means, and, should the process be delayed, forcible traction on the umbilical cord is made to such an extent as to tear away portions of the placenta, and often large sections of this body are left to find their way from the uterine cavity of their own accord. Weeks and even months later the results of such practice are noticed in the septic conditions which would naturally follow retention of the membranes.

The author gives some statistics showing the frequency of complications attending this crude midwifery, and then describes a case of imperforate hymen in a young girl. On account of the tumor caused by the accumulated blood she was supposed to be pregnant and was subjected to both the cloth and the plank treatment. She was then brought to the author, who incised the occluding membrane and liberated two quarts and four ounces of thick, offensive menstrual blood.

Jan. 20: Last week inspectors for city condemned 120,554 lbs. meat at Union Stockyards and 18,089 lbs. in loop markets.

The truest wisdom is a resolute determination.—Napoleon. I would rather excel all in knowledge than in power.—Addison.

DEPARTMENT OF
DERMATOLOGY, VENEREAL AND SEXUAL DISEASES
WITH A REVIEW OF THE LITERATURE OF THE WORLD

In charge of Dr. WILLIAM J. ROBINSON.
Address all communications designed exclusively for this department to Dr. William J. Robinson, 12 Mt. Morris Park, West, New York City.

THE VEGETABLE ALTERATIVES IN THE TREATMENT OF SYPHILIS.

THE title is not a sensational one. I regard the subject as one of the *utmost* importance and I wish it could be brought to the attention of every physician not only in this country but throughout the world. Of course, mercury is the mainstay of the treatment of syphilis, and in the tertiary stage we cannot very well do without the iodides. He who undertakes the treatment of a case of syphilis without employing mercury and iodine, or at least the former, takes a terrible responsibility on himself. But I believe that great, very great damage has been done syphilitic patients by the practical elimination from the treatment of the vegetable alteratives. Not only the general practitioner, but the specialist thinks that his entire duty has been done, if he gave the patient some mercury and some potassium iodide.

Well, perhaps in the majority of cases it is sufficient; but there is quite a respectable minority in which the two sheet anchors fail us; there are patients who have a most terrible idiosyncrasy against either mercury or iodine or both, and it is in such cases that the general practitioner usually, and even the specialist occasionally, is completely at sea. Many a patient has gone and will continue to go to ground, because of the almost universal lack of knowledge among the profession that there are drugs, besides mercury and iodine, which have an undeniably beneficial and often striking effect in syphilis. I could do no better to impress the lesson I wish to convey on the minds of my readers than by citing a striking case recently reported by Sir Felix Semon, King Edward's physician. The case is rather a long one, but is well worth the space. A gentleman was sent to Dr. Semon by his physician with the following history:

A year ago the patient got a hard chancre. It had only just appeared when his doctor saw him. He put him on full doses of mercury at once. None of the ordinary secondary symptoms ever appeared, but the patient got a tremendously swelled throat and tongue, and was badly salivated, ropes of saliva pouring out of his mouth. The soft palate became edematous, the tonsils, on each of which a large ulcer appeared, almost met in the middle, and the patient was very ill generally. The medical attendant considered the phenomena as mercurial. Mercury being left off, the ulceration gradually improved, the salivation diminished, and the patient went away to recoup, but returned with his throat deeply ulcerated.

In consultation with a specialist the affection was considered to be of the nature of secondary syphilis; a return to mercury was advised and practised, with

the result that the ulceration, as on the first occasion, grew rapidly worse and the patient became very ill. Mercury was again abandoned and the patient was treated with "ordinary throat applications." Temporary improvement occurred, but a month or so afterwards fresh ulceration broke out in the throat. On renewed consultation mercury was again advocated and used, with exactly the same result as previously, namely, that the ulceration immediately became much worse, and that the patient was again very ill. Mercury being discontinued, he very slowly and gradually recovered, and was then sent to a great authority on syphilis, who, it was stated, took an intermediate view between syphilis and mercurial ulceration, and considered the former to belong to the phagedenic type. He advised the use of iodide of potassium, which, however, the patient was "unable to take in ordinary doses."

The patient was a pale, unhealthy-looking man, evidently in pain, whose speech was guttural and indistinct, his frequent endeavors at swallowing the saliva, which was constantly produced in large quantities, being accompanied by signs of great distress.

On examination the following condition was found: There was extensive scarring owing to destructive ulceration of the mucous membrane of the palate and fauces, resulting in adhesions, on the one hand between the soft palate and the posterior wall of the throat, and on the other, of the pillars of the fauces with the sides of the tongue. The uvula was entirely destroyed and there were two perforations—a larger one above, a smaller one below—in the middle line, the larger one of which represented the only communication between the naso-pharyngeal and oral cavity. The tongue showed evidence of old ulceration and was fissured; the epiglottis was partially thickened, more particularly on the right side, and on this part, as well as on the sides of the fauces, there was still some active superficial ulceration.

Dr. Semon had no doubt that the affection was of a purely syphilitic character, tertiary in nature, although appearing at an unusually early time and revealing a most unusual idiosyncrasy on the part of the patient against antispecific remedies, particularly against mercury. He sent the patient to Aix-la-Chapelle, where the doctor also considered the case one of precocious malignant tertiary syphilis. He at first tried to treat the patient with iodipin preparations, and made four injections of 25 per cent. iodipin, each containing one-half ounce of the drug. The result was no more successful than had been the mercury and iodine treatment at home. On the day after the last injection the patient got a painful swelling of the tongue. The tongue itself, as well as the soft palate, became covered with a dirty yellowish deposit in the area where previously simple erosions had been present. This condition got daily worse, and ultimately the entire affected region of mucous membrane became changed into a mass of rather deep and intensely painful ulcers, the general health at the same time deteriorating rapidly. The ulcers were painted with a 10-per-cent solution of nitric acid. Under this treatment they became cleaner, but showed no tendency to heal. From this result of the iodipin treatment, the Aix physician became even more con-

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The best part of a man's education is that which he gives himself.—Scott. Better wear out than rust out.—Bishop Cumberland.

To be employed is to be happy—Gray. Knowledge is Power.—Bacon. Have we not all eternity to rest in?—Arnauld.

vinced than he had been before, that he had to deal with a case of malignant syphilis, as in such cases in his experience the inefficiency of mercury and iodine preparations is quite characteristic.

Acting upon this opinion Zittmann's sarsaparilla decoction was prescribed for the patient with immediate and brilliant results. For twenty-six days he daily took in the morning 7 ounces of the stronger Zittmann's decoction, and in the evening 7 ounces of the weaker decoction. This was followed for 10 days by Kobert's sarsaparilla decoction, and finally he took the two Zittmann preparations for another fortnight. Under this treatment his general health improved from day to day, the ulcers cicatrized in the most desirable manner, and ultimately were replaced by a solid scar. The patient's articulation became much more distinct, he could eat without difficulty and pain, and during the whole time hardly ever suffered from diarrhea. He was discharged with the advice to take Kobert's decoction for another fortnight, and afterwards to discontine for a time, all treatment. When on his return he was seen by the author, the latter found a most pleasing improvement; a dense cicatrix united the remnants of the soft palate with the lateral wall of the pharynx down to the level of the epiglottis. In its midst there was one sharply cut perforation, and the uvula, as already stated, had completely perished. There was no active ulceration, the pharynx and the larynx were normal. The patient's general appearance and articulation were infinitely better than before he went to Aix. Since then, as far as the doctor knows, he has remained perfectly well.

In Aix-la-Chappelle, Zittmann's and Kobert's decoctions are used quite extensively, and Aix is considered the most successful resort in Europe. Dr. Semon's report attracted great attention and from letters received by the *British Medical Journal* it is safe to predict, there will be a revival of sarsaparilla and other vegetable alteratives in England.

Zittmann's decoction is a truly polypharmacal preparation, consisting of sarsaparilla, fennel, anise, sassafras, mezereum, glycyrrhiza, guaiacum wood, etc. Kobert's decoction is a decoction of sarsaparilla, standardized to contain two per cent of glucosides.

ELECTRICITY AND IMPOTENCE.

In the JOURNAL for February we discussed the influence of the x-rays on the generative organs. The influence of electricity in this direction has not yet, as far as we know, been the subject of research. But in a recent issue of a contemporary (*S. Med. & Surg.*, Jan., '06) Dr. Wesley E. Taylor of Atlanta, Ga., briefly refers to two cases, which, while not positive or conclusive, are nevertheless not devoid of interest. Case one is of a young man who manipulated a static machine several times daily for about six months and noticed an almost total absence of the sexual instinct. This continued as long as he operated the machine, but returned slowly on discontinuing its use. He could think of no other reason or cause for it, as he was otherwise in perfect health.

Case two is of a sexual neurasthenic treated with static electricity three times a week for four months, and with satisfactory results, who reported that during this period his sexual powers diminished

Time is the only fragment of eternity that belongs to man; and like life itself can never be recalled.—Winslow Anderson.

Franklin began studying natural philosophy after he was 50 years of age; Lyell's geologic work was done after he was 60.

and finally ceased almost entirely. Since discontinuing the treatments they are gradually recovering and are now nearly normal again.

WHICH IS THE MORE DANGEROUS DISEASE: SYPHILIS OR GONORRHEA?

The question as to which of the two venereal diseases is the deadlier, more dangerous, pops up periodically in medical literature. At one time the question would have seemed absurd; even by the profession gonorrhea was considered a trifling ailment in comparison with the ulcerous, toothless, hairless and sunken-nosed specter of syphilis. But opinions are changing. Many physicians are considering gonorrhea the more dangerous disease, especially in its relation to the wife.

Dr. A. Doktor takes this view. In a recent issue of the *Centr. f. Gynaekologie* he relates a number of instances of chronic invalidism and suffering in wives, who were infected with gonorrhea by their husbands, and he claims that while syphilis causes more illness and misery among single men, gonorrhea works deadly havoc in married life. While we personally consider syphilis by far the more serious disease, still we are ready to admit that gonorrhea carries with it a great element of danger just on account of its supposed triviality. A man who has had the misfortune to become afflicted with syphilis will treat himself thoroughly and will generally not marry until permitted to do so by his physician; a gonorrheic will stop treatment and will get married as soon as his discharge stops, though his urethra and prostate may be full of dormant gonococci.

THE TERRIBLE CONSEQUENCES OF A MISSTEP.

What misery one member infected with syphilis may cause to the entire family is well seen from the following two tragic cases. The first case was reported by Dr. Bonne. A young man went out for a "good time" and became infected with syphilis. Marrying soon afterwards he infected his wife who died five years later from syphilis of the brain. The wife's mother became infected while nursing one of the children and in her turn infected her son's wife who afterwards bore two stillborn syphillitic children. The wife of another son also became infected in a similar manner and suffered fearfully from syphilis of the bones.

The second case was reported by Dr. Foveau to Prof. Fournier and is as follows: A married man was infected with syphilis in a mild form; he infected his wife who suffered with a severe form of the disease in its secondary stage. The sister of this woman, who had a nursing baby, came to live with the married couple. She happened to put her toothbrush in the same glass which was used by the syphilitic sister and then has some teeth extracted. She became infected and in her turn gave the disease to her baby.

MONKEYS AND SYPHILIS.

As is well known, Neisser (the discoverer of the gonococcus) has been

Laplace was over 70 when he published his Nebular Hypothesis. Leconte was 64 when he published his work on Evolution.

Pare was denounced as a dangerous unprofessional quack for daring to apply ligatures to severed arteries instead of searing.

spending the last two years in the Dutch East Indies, studying the effects of syphilitic inoculation on monkeys. He had a total of about 900 of them of various species, chiefly of the smaller variety, but also 11 orang outangs and about thirty gibbons. All species are susceptible to the inoculation, the higher species more so (as would be naturally expected) than the lower. The two practical points which we *might* perhaps utilize from his studies so far are these: excision of the point of inoculation a few hours after infection in every instance failed to arrest the generalization of the disease and the most varied attempts to prevent general infection after inoculation proved futile. Mercurial treatment given simultaneously with the inoculation failed to prevent the development of the primary lesion. We thus have from Neisser's experiments further proofs of the futility of cutting out or burning out chancres and of the impossibility of preventing the development of syphilis once infection has taken place.

THE VARIOUS METHODS OF ADMINISTERING MERCURY.

Dr. Howard Morrow (*Calif. State Jour. of Med.*, Feb.) summarizes the advantages and disadvantages of the various methods of administering mercury as follows:

Advantages of Injections Over Internal Medication.—The action is rapid and the exact dose can be estimated. There is practically no danger of salivation or diarrhea and digestion is not disturbed.

Many lesions which resist internal medication will clear up under injections.

Advantages of Mercury by the Mouth Over Injections.—The medicine can be given in pill form, and this can be carried in one's pocket and taken without trouble. For routine treatment when no active lesions are present the results are apparently as good as by injections. There is less likelihood of losing the patient on account of the fear which some have of the pain following the injections.

The Disadvantages of Injections.—At times they are quite painful. The necessity of visiting the physician at times when it is not required by the condition of the patient.

The Advantages of Soluble Salts Over the Insoluble.—Pain is not so severe or lasting.

They can be given in aqueous solutions.

The results are as good as from the insoluble salts.

The dose can be regulated better, as absorption is more rapid and there is no accumulation of the drug.

The Advantages of Insoluble Salts Over the Soluble.—It is not necessary to give the injections so frequently.

Lesions of the mouth and nervous system clear up more rapidly.

The Disadvantages of Insoluble Preparations.—The severe pains, which frequently last a long time, occasionally as long as a week.

The tenderness of the inflammatory lump which frequently remains after the injection.

They must be given in oil, hence the danger from embolism. [Very problematic.—ED.]

The dangers from salivation and other symptoms of mercurialism from accum-

Arsenic in small doses sedates the liver, especially the glycogenic function; but continued use causes fatty degeneration.

Many cases are on record where the continued use of sodium glycocholate has permanently stopped hepatic colic.—Richardson.

ulation of the salts at the points of injection.

Inunctions have the drawback of being dirty, of sometimes causing cutaneous eruptions, and the dose cannot be regulated so carefully as by injections of soluble salts.

Nevertheless inunctions seem to be the best form of treatment for severe cases in children and in nervous women, and it is good treatment whenever mercury is indicated.

Intravenous Injections are of service in those cases where it is necessary to obtain a rapid action, but in which it is necessary to avoid all pain. They are sometimes dangerous, and when the mercury happens to get outside the vein the pain is excruciating.

ANTIGONOCOCCUS SERUM IN GONORRHEAL RHEUMATISM.

Dr. J. Rogers, of New York, reports (*Jour. A. M. A.*, Jan. 27, 1906) the successful treatment of a number of cases of gonorrheal rheumatism with the antigonococcus serum made by Dr. John C. Torrey. While the serum proved really efficacious, it had but little if any effect on existing urethritis. There is always danger of a recrudescence of arthritic symptoms if there are any traces of urethritis. If the patient is gonorrheal, the serum will alleviate the painful condition in a few days. The author injects from 20 to 60 minims of the serum every day or every other day, beginning after the arthritic symptoms appear and continuing while the pain and disability last. He observed no ill effects except an occasional erythema. Diagnosis is somewhat difficult, especially in women, but the results are secured with early treatment. There is always to be considered the possibility of a complication by another infection, but the author is of the opinion that most joint and serous membrane affections occurring in the course of a gonorrhea are due to the gonococcus.

Dr. Torrey makes his serum by inoculating large rabbits intraperitoneally with cultures from an acute, untreated case of gonorrhea, at intervals of five or six days, with cultures from six to fifteen days old. Dr. Torrey believes that the good results he obtained from the serum were principally due to its bactericidal action, but he thinks there is also an antitoxic action. In some of his cases there was a decrease of pain in the joints within twenty-four hours after the first administration, and this he thinks may be explained by a neutralization of some of the gonotoxin. The serum has been found to contain both precipitins and agglutinins for the gonococcus, and the theory is that the serum supplies enough immune bodies to dispose of the comparatively few gonococci in the chronic forms of the disease, though not enough to destroy the great number of gonococci present in the urethra in the acute type of gonorrhea.

THE LESSONS FROM THE EXPERIMENTS WITH SYPHILIS ON MONKEYS.

We reported elsewhere Neisser's experiments on monkeys and the practical lessons to be deduced therefrom. Roux and Metchnikoff in their experiments reach diametrically opposite conclusions (*Annales de l' Institut Pasteur,* XIX,

Of 6 prescriptions for glycerophosphate 3 were filled correctly, 2 with cheap substitutes, 1 simple unmedicated glycerin.—*Texas M. Jour.*

We notice with disquietude and regret the spread of an increasing tendency toward a spirit of medical aggrandizement.—*St. L. M. R.*

No.9). By rubbing in an ointment consisting of one part of calomel and two parts of lanolin one hour after inoculation, they were able to prevent the development of syphilis. This result was obtained in five monkeys while other monkeys inoculated with the same virus, but in which the calomel ointment was not used, did develop syphilitic manifestations. Again they inoculated the tip of the ear of a little monkey (macacus) with the virus from a chancre, and excised the part twenty-four hours later. No syphilis developed; while the same animal inoculated again (in the eyebrows) two months later did develop typical syphilis.

GONORRHEAL IRITIS.

S. M. Burnett, of Washington, D. C. points out (*J. A. M. A.*, Dec. 23, 1905) that while gonorrheal iritis is well known to ophthalmologists, it has been almost entirely ignored in all but two American text-books on genitourinary diseases. He reports an illustrative case. Opinions differ as to the frequency of the disease. It may appear under various forms. Like gonorrheal rheumatism, it appears generally in the declining stages of gonorrhea, and it has a tendency to recur during subsequent attacks. One or both eyes may be affected. The delay of a few days, or even a few hours in diagnosis and treatment may mean partial or complete blindness for the victim.

METHODS OF ADMINISTERING MERCURY IN SYPHILIS.

In the discussion of a paper by Dr. David Smart (*Lancet*, Dec. 2, 1905) on the modern treatment of syphilis, an interesting interchange of views resulted on the different methods of administering mercury, at a recent meeting of the Liverpool Medical Institution.

Dr. Smart much regretted the general apathy in England on the subject of venereal disease, as instanced by the absence of lock hospitals in large centers and in large naval and military stations. He referred to the great importance of general hygienic treatment—namely, rest to the body and nervous system; rigid regulations as regards tobacco and alcohol, laying especial stress on the antisepsis of the mouth and teeth. After discussing the value of mercury in the several stages, he mentioned the three main means of administering it; by the mouth, by intramuscular injection, and by inunction, expressing a decided preference for the last mode of treatment, both in private and in hospital practice. An interesting description of Aix-la-Chapelle and its inunction *"kur"* was given, the paper concluding with an eloquent appeal for the more general adoption of this method in England.

Dr. G. G. Stopford Taylor said that during the last eighteen months he had regularly practised the intramuscular method of administering mercury, and the way in which patients had improved had been a revelation to him. He should be very sorry to return to the oral method of medication and considered the routine treatment by inunction to be impossible in England.

Dr. A. Bernard said that when all the symptoms pointed to a syphilitic character of the primary lesion, it was his invariable practice to administer mercury without waiting for the onset of

The Wisconsin *Medical Recorder* arraigns the Pacific Coast State Boards for misusing their positions to lessen competition.

State medical laws have been made to protect the people from pretenders, not State doctors from competition.—*Wisconsin Med. Rec.*

secondary symptoms. He greatly preferred to employ inunction or intramuscular injections rather than to give the drug by the mouth.

Dr. F. H. Barendt said that in private as well as in out-patient practice he used the oral method. He found it, on the whole, the most satisfactory one, and it did not interfere with the patient's occupation and personal comfort, or betray his secret. When the nature and seriousness of the affection were placed clearly before the patient no difficulty was experienced in keeping him under observation for three years.

Dr. Leslie Roberts spoke in favor of the oral method. In the later lesions of syphilis he had used inunction with marked benefit. He considered that there was some appreciable danger in intramuscular injections.

GONOCOCCUS CONJUNCTIVITIS.

In considering the question of preference between the organic silver salts, such as protargol and argyrol and silver nitrate, in the treatment of gonococcus conjunctivitis, Dr. Charles H. May states (*Archives of Pediatrics,* Nov. 1905) that the former are indicated in the early stage of the conjunctivites, the latter in the later stage.

The earlier period of the conjunctivitis is marked by the occurrence of a profuse discharge, and here the organic salts are indicated for the destruction of the gonococci. Experiments show that their germicidal action is just as efficient as with silver nitrate, equally penetrating, and accompanied by no irritation or pain; hence such remedies can be used much more liberally and much more frequently than the nitrate. To be efficient, however, the solution of protargol or argyrol must contain from 25 to 50 per cent of the remedy.

CHANCRE OF THE EYELID.

According to Dr. Kowalewski (*Deut. Med. Wochen.*) chancre of the eyelid occupies the sixth place in the order of frequency among extragenital chancres; the lips occupying first place, breasts second, mouth (interior) third, fingers fourth and tonsils fifth. He describes the case of a young woman who was treated for several weeks by several physicians for an ulcer on the upper eyelid. The author recognized its true nature and the diagnosis was confirmed by the appearance of a roseola. The patient then admitted that a male acquaintance kissed her on the eyes. Under hypodermic injections of mercury the rash disappeared and the ulcer healed. Smears from the ulcer and from the papules on the patient's body showed numerous *Spirochaetae pallidae.* The spirochaetæ disappeared after three injections of corrosive sublimate.

GENERAL PARESIS AND ANTISYPHILITIC TREATMENT.

Dr. Joseph Collins (*Med. Record.,* Jan. 27, 1906) attributes general paresis to syphilization and civilization, illustrating his paper with fifty private and fifty hospital cases of general paresis. Dana has described a "preparetic stage" and the author believes that if this stage can be detected there is a chance of arresting the disease. The education of young

California cans the abalone, a giant snail, as a substitute for oysters; less danger of typhoid.—*J. A. M. A.* Briggle!

Cryoscopy may be useful but in country practice a good remedy for swinney will bring you higher standing in the community.

men to premarital continence and the thorough treatment of existing syphilis are important prophylactic measures. In three cases the author apparently arrested the disease by intensive mercurialization, but he emphasizes that this method can only be successful when a very early diagnosis has been made. The general practitioner he says, should never make the diagnosis of neurasthenia until after a routine physical examination, which procedure will result in neurasthenia being diagnosed less often, and occasionally result in general paresis being recognized in its incipiency. The slightest manifestation of loss of the pupillary light phenomenon, premonitional display of labial and facial tremor, lingual tremor, disorder of the tendon phenomenon, particularly of the lower extremities, occurring in a patient who has some or all of the symptoms of neurasthenia,—all come under the head of suspected cases of general paresis, and vigorous antisyphilitic treatment is to be given when the suspicion seems well grounded.

THE STATUS OF X-RAYS IN DISEASES OF THE SKIN.

Dr. Fred Wise, clinical assistant and radio-therapeutist at the New York Skin and Cancer Hospital, gives what seems to us a very impartial and moderate statement as to the present status of Roentgen therapy in dermatology (*Med. Record*, Jan. 20, 1906). His conclusions are summarized as follows:

1. The x-ray will cure ringworm and favus of the hairy skin more rapidly and reliably than any other method of treatment; the advantages of the method are, that it is painless, harmless when properly used, and thorough, and that it cuts down the expense incurred by the city in the treatment and care of these patients to a very considerable extent.

2. Hypertrichosis should be treated with electrolysis, not with the x-ray.

3. The x-ray gives very satisfactory results in the various forms of cutaneous tuberculosis; in keloid, in keratoses, infiltrated patches of chronic eczema, *lichen planus, pityriasis rubra;* in the tubercles, ulcers, and tumor-masses of *mycosis fungoides,* psorospermosis and sarcoma

4. X-radiation relieves pruritus, burning, tingling, and pain; it decreases the discharge and foul odors of various dermatoses, often causing them to disappear completely.

5. In selected cases, radiotherapy is the ideal agent in the treatment of epithelioma and rodent ulcer.

TREATMENT OF X-RAY BURNS.

Dr. Engman recommends that in x-ray burns lanolin be applied for twenty-four hours and then the following ointment:

Amyli .....
Zinci oxidi .....
Bismuthi subnit, aa .....oz. 1
Ac. borici .....
Aquae rosæ, aa.....oz. 1½
Olei olivae .....
Lanolini .....
Aquae calcis, aa .....oz. 3

THE GONOCOCCUS IN THE PUERPERIUM.

Drs. Stone and McDonald read a paper at a recent meeting of the New York Obstetrical Society with the above

These stimulant tonics, sedatives, anodynes and narcotics of alluring names are among the worst enemies of neurasthenics.

Cesares advises to obviate the danger of cumulation from digitalis to administer diuretin with it.—*Med. Fortnightly.*

title (*N. Y. Med. Jour*). Their conclusions were as follows:

Gonococcus infection is present in a much larger proportion of patients of the obstetrical clinic than had previously been supposed by the writers. The positive diagnosis of the gonococcus is difficult in the absence of pus cells, and these do not as a rule, appear until late in the puerperium. The spread of the gonorrheal infection also increases the ease of recognition of the organism as the puerperium advances. The temperature curves of patients having fever are so varied that no reliance can be placed upon this as an aid to diagnosis. The most common type seems to be that of a sudden rise followed by a return to normal in three or four days, simulating sapremia. The puerperal state has a direct influence upon the course of the disease. Gonorrheal infection is a frequent cause of abortion, and in all cases of late abortion this should be considered. Thus, if adnexial disease follows an abortion, it should not be ascribed to the abortion, as gonorrheal infection may have been the cause of both.

A REMARKABLE SERIES OF CASES OF ICTERUS NEONATORUM.

Dr. Jas. Bushfield reports (*British Med. Jour.*, Jan. 6, '06) the following series of cases of icterus neonatorum all occurring in one family. The mother, always a healthy and well-nourished woman, was married at seventeen; her husband, apart from occasional rheumatism, had no evidences of constitutional disease. The children were all born at full term between the mother's eighteenth and thirty-fourth year of age. The first, a boy, did not suffer from jaundice but died at five months from bronchitis. The second, a girl, suffered from jaundice, but recovered. The third, fourth and fifth suffered from jaundice, and died. These cases occurred before the doctor knew the family.

The sixth labor presented no unusual feature, but by the second day the infant, a boy, began to show signs of jaundice, which gradually deepened into almost a copper color, and death followed a comatose condition about the eighth day. The seventh, a girl, and the eighth, a boy, also suffered from intense jaundice, but recovered.

These cases were treated from birth with a small dose of calomel, followed by large and repeated doses of castor oil, together with a soda and rhubarb mixture. The success which apparently followed his treatment in these two cases led him to anticipate a favorable termination to the ninth pregnancy, but in this he was disappointed, as the infant, a very fine well nourished boy, died from jaundice on the fourth day. In this case the doctor was permitted to make a *post-mortem* examination, but, apart from the bile-stained condition of all the organs, he could discover no morbid condition. The gall-bladder cantained bile, but was not distended, and the bile duct was not occluded. The tenth, a girl, he did not see until about six hours after birth, but it was markedly jaundiced, and in spite of the treatment, which had apparently been successful in the seventh and eighth cases, it died early on the fourth day.

The second, seventh and eighth chil-

An early symptom of whooping-cough is leucocytosis mainly of the small and large lymphocytes; 10,000 to 20,000.—L. C. Ager.

The darkest blot on the scientific escutcheon is the lingering shadow of medieval metaphysics causing division in medicine.—*Texas S.J. M.*

dren, although all suffered from jaundice for a few days after birth, are now alive and very fine children. They show no evidence of specific taint. Any suspicion of syphilis being the cause of the trouble was negatived by the *post-mortem* appearances, and also by the fact that the disease, whatever its pathology, did not show any diminution of intensity after the lapse of fifteen years, but rather tends to a more rapidly fatal issue.

THE CONTROL OF PROSTITUTION AND VENEREAL DISEASE.

Those who are opposed to the sanitary control of prostitution will find some food for thought in the recent statistics published by M. Muller (*Munch. Med. Wochen,* No. 42, 1905) on the garrison at Metz. Metz has only 80,000 inhabitants and a garrison of 24,000. Venereal disease is very carefully looked after in the German army and painstaking records are kept of every case. While before the regulation of the prostitutes, by subjecting the secretions to microscopic examination, the percentage of gonorrhea was about 25 per cent, it has fallen down to 12 percent since the introduction of microscopic examination. The number of cases of syphilis has not varied materially in the last ten years, averaging about 4 per cent.

A SUGGESTION IN THE TREATMENT OF SYPHILIS.

As syphilis is now beginning to be regarded as a protozoic disease, Dr. M. Kahane of Vienna suggests that the same remedies which have proven useful in the treatment of other diseases due to protozoa should be employed in the treatment of syphilis. Those remedies are: quinine, arsenous acid and methylene blue. [Not an unreasonable suggestion, *provided* we use them only as adjuvants, and not to the exclusion of mercury.—W. J. R.]

BALZER'S FORMULA FOR SOFT CHANCRES.

Zinc chloride .....1 part
Zinc oxide.....9 parts
Water, just sufficient to make a paste.
This is applied and left on for twenty-four hours.

ACUTE SEPTIC PEMPHIGUS.

Dr. Geo. W. Crary (*Jour. Cutaneous Dis.,* Jan.) reports the case of a newborn infant in whom on the third day the temperature suddenly rose to 104° F. and then rapidly fell to a little below normal.

Physical examination of chest and abdomen elicited only negative signs, and the umbilical stump appeared to be perfectly healthy. Two days later, on the fifth day after birth, an eruption of vesicles appeared upon the left cheek, near the angle of the mouth. The vesicular eruption spread over the face, neck and chest and bullae appeared under the arms. The bullae were flaccid, remained but a short time, leaving after their rupture large areas of skin denuded of their horny layer. The process continued until the lower face, neck, anterior chest-wall and anterior surface of arms were involved. The child died 18 days after the first appearance

Health Officer Tabor of Texas was presented $1000 and steamship transportation to Europe by appreciating fellow citizens. *Bon voyage,* Tabor, we wish our neighbors wanted to get rid of us for a season as badly as yours seem to.

of the skin lesion. During the time the temperature continued only moderately high.

MERCURY BY THE RECTUM.

In some cases where the stomach is too intolerant against mercury, this drug may be administered in suppositories—either in the form of blue ointment or gray oil. That the mercury is absorbed by the system, there can be no doubt, for the mercury can be demonstrated in the urine and the patient is often readily salivated.

WHEN SHOULD WE START TREATMENT IN SYPHILIS?

The treatment of syphilis as given in your February number, stimulates in my brain, a few thoughts which if you see fit to publish, I will gladly subscribe my name.

On page 55 of Venereal Diseases, by Sturgis and Cabot, 7th edition, I read: "Constitutional Treatment, whether internal or external is better not employed, save in exceptional cases, until the subsequent (secondary) symptoms appear."

This same teaching we can read in other medical books; and who as medical student has not heard the same from the lips of his respected professor, and now like the parrot, without stopping to reason, deals out the same statement and treatment to his patients?

The absurdity of the above quotation should make itself apparent to a thinking mind. First, the incubation period for the initial lesion is ten to thirty days. Has there not been a systemic invasion of the virus of syphilis at this time, the first noticeable manifestation being the chancre? If so why wait with the systemic treatment until the system is bubbling over with it and forcing its way through the skin?

Is it not apparent to all observers that there is a steady onslaught from the very day of the infection? Then why wait for its full power of destruction before beginning treatment; why not prevent the progress beyond the initial lesion, which can be done, beyond perhaps a slight falling of the hair, which will not be enough to attract attention?

Can the medical profession lay claim to a place in science, when it will stand aside and wait for disease to progress until they can name it, and then throw a specific at that name ignoring the difference in temperament, quality and resistance of the patient, and then use a medicine (mercury), blind to all its influences except as it fades the outward picture of syphilis. It is said by writers that 75 to 90 per cent of all cases of tabes dorsalis cases are due to syphilis. Did anyone ever ask the question how many are due to the treatment (mercury)? The patient is looked over, his reflexes tested and found dead; quickly comes the question: did you ever have syphilis? never the question, did you have mercury treatment?

In a number of years' close association with my old friend, Dr. Louis Pagin, now dead some years, and in a number of patients treated by myself, I have never seen any of the symptoms beyond the initial lesion, excepting in a few cases, a slight falling of the hair.

I have two cases now under treatment; the only trouble is to keep these patients

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Here's that opening, Doctor: the *Medical Record* says something like 3,000 physicians will be needed in the Philippines.—Goodbye!

There is no objection to sections devoted to massage, homeopathic or eclectic pharmacy and therapeutics.—*Texas State M. J.*

under treatment, as they have had other syphilitics picture before their eyes, what they could expect; such symptoms not appearing, causes them to think that they did not have the disease.

I have no specific for syphilis, but feel that we have in the vegetable kingdom and perhaps taking iron from the mineral, a wide and sufficient field to choose from, and remedies that cure and leave no blemish behind. I do believe that the reverse of things will come to pass as to the treatment of this disease, and mercury will lose its place.

E. E. HALL.

Chicago, Illinois.

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We take pleasure in printing the above, not because we agree with it, but just because we don't. As to the time of commencing constitutional treatment in syphilis. This question has been discussed times without number. The reason the majority of syphilologists zealously oppose the commencement of specific treatment before the appearance of an eruption is a very simple one. It is this: We are able to say *with absolute certainty* whether a lesion is a chancroid or a chancre. In spite of the many differential diagnostic points, there are numerous cases in which the most skilful diagnostician is unable to determine the character of the lesion; and it is a very serious matter to subject a person to a course of antisyphilitic treatment for a period of three or four years, without being absolutely certain that that person is really suffering from syphilis. The editor of this department would not like to have such a thing on his conscience. It is, therefore, considered best on the whole, in the interest of the patient, to wait until the roseola makes the diagnosis positive and then to proceed vigorously. Our conscience is then clear and we have not to lie awake nights with a sneaking suspicion or fear, that perhaps the patient whom we have been dosing with mercury and iodides really never had syphilis.

And *vice versa.* You saw a case which you *thought* was a specific chancre. You administer a little mercury. This prevents the appearance of any secondary symptoms. The patient begins to doubt that he really has the disease. You are not so very sure of it either. *You can't be sure.* The patient stops treatment. You do not feel justified in urging him to continue it systematically, and in ten or fifteen years that same patient may appear with gummata of the bones, gumma of the brain, etc. No, syphilis is a disease in which it is better to be *sure* before you start in on a course of treatment. If specialists who see from one to five thousand new cases every year think it is best to do so on account of the uncertainity of diagnosis, then the general practitioner who may not see five hundred cases during a lifetime should certainly do likewise. Of course there is a certain percentage of cases where the diagnosis is positive from the very beginning and in such cases we are justified in starting our specific treatment at once. As to the value of mercury in syphilis, it is "too late in the season" to begin to question it. As to mercury causing tabes dorsalis, we see some of the worst forms of the latter disease in syphilitic patients

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One great difficulty the clinician encounters is that of convincing people they are growing old.—*Medical Age.*

Epilepsy is the strangest disease in human history. It stands incomparably alone.—Spratling, *Medical Record.*

who had no treatment at all or very irregular and slipshod treatment.—ED.

TUBERCULOSIS OF THE GENITO-URINARY TRACT.

Dr. G. W. Hawley has a good article on the early diagnosis of the disease in *Northwestern Medicine* (January). He summarizes his conclusions as follows:

1. In all cases of hematuria (especially transient hematurias of doubtful cause) always bear in mind the possibility of tuberculosis.

2. Every cystitis, not due to the gonococcus or infection from without, should be held suspicious of tuberculosis and be subject to careful observation.

3. All suspected cases should be subjected to thorough and repeated examinations.

4. Until a positive, simple method is at hand for identifying the tubercle bacilli *in the urine* we are not warranted in claiming their presence, except when found in large numbers, unless we have taken steps to procure a urine free from smegma bacilli.

5. In all suspicious cases evidence of tuberculous lesions in other parts of the body should be sought.

6. When the *slightest* doubt remains concerning any case the tuberculin test should be used.

7. A diagnosis is never complete until the sourse of infection has been traced.

PHIMOSIS AND STONE.

In the course of fourteen months, Dr. W. M. Roshansky saw in the Samara Hospital eighteen children, ranging in age between two and nine years, affected with stone in the bladder and urethra. In four cases the stone was in the urethra; in fourteen in the bladder. Ten of the children also had phimosis and the author believes he is justified in assuming that phimosis, in bringing about partial stagnation of the urine, is an important etiologic factor in urethral and vesical calculi.

THE DANGER OF CORROSIVE SUBLIMATE AS A URETHRAL INJECTION.

Dr. Paul Asch calls attention (*Munch. Med. Wochen.*) to the danger of corrosive sublimate injections (1:500 or 1:1000) as used by some ignorant people in the treatment of gonorrhea. The result is a hard infiltration, which represents clinically the picture of a stricture, accompanied by a circumscribed inflammation of Littre's glands and of Morgagni's crypts. The treatment consists in painting the infiltrations with tincture of iodine, after the acute inflammation brought about by the sublimate has subsided.

ON THE PRESERVATION OF THE URINE.

Dr. J. C. The most generally satisfactory preservative for urine is boric acid in the proportion of five grains to four ounces. Formaldehyde is much stronger. One drop of formaldehyde solution will preserve a pint of urine for a week (Ogden). If used it should not be used in a stronger proportion than one drop to four ounces or more.

Eclampsia: Parvin treated 284 cases with veratrum, mortality 8 per cent; Mangiagalli 18 cases, 17 recovering.—Gaines, *N. Y. M. J.*

Watkins says the neurasthenia of women in the Southwest is confined to blondes; brunettes bear high tension better.—*N. Y. M. J.*

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

ANISE AS A GALACTOGOGUE.

THE reputation of anise as a galactogogue was mentioned by Dioscorides. (First Century, A. D.) Trousseau and Pidoux have the following to say: "Anise has a great reputation for increasing the milk of nursing women. It is possible that this remedy improves the digestion of these women, but it would be difficult to account by this for the increase of the milk in these women when the anise is applied in poultices to their breasts. But be this as it may, anise is at present not employed as a galactogogue, and what is mostly used is *Galega officinalis,* which is being specially employed since the labors of Carron de la Carriere and Madame Griniewitsch."

Dr. G. B. Burzagli of Florence publishes an article in the *Gazz. degli osped. e delle clin.,* 24 September, 1905, No. 115, in which he endeavors to reëstablish the reputation of anise as a stimulant to increase the secretion of milk. His attention was directed to the subject by two veterinarians, who simultaneously affirmed that anise increased the milk of animals. One of them employed indifferently the infusion or the crude seeds, mixing them with flour or bran. The dose is 80 to 100 grams (drams 20 to 25) for cattle; 25 to 30 grams (4 1-2 to 7 1-2 drams) for swine, sheep and goats. The increase of the secretion shows itself usually on the third or fifth day, and decidedly so on the eighth or tenth day, when the treatment can be stopped. This man observed a notable increase of four liters (4.242 quarts wine measure) per day in a cow, and equally so in a goat a constant daily increase of three to eight and nine glasses.

The other veterinarian tried the anise in nine cases of cows, and with signal success in goats. He prefers the infusion of 20 parts to 100, and gives daily of this, 35 grams (8 3-4 drams) to a cow, and 8 grams (2 drams) to a goat, daily for about six days. The secretion increases on the second day, even in animals where the decrease of the milk was owing to a previous sickness.

When Dr. Burzagli learned of these facts he made use of it in two poor young women who had not sufficient milk for their babies, the one sixteen and the other seventeen days after parturition. Kind neighbors tried to help on the cases with goats' milk, and with nursing by other nursing mothers, but the cases were distressing. Dr. B. encouraged them to try the infusion of anise, 25 parts to 1,000, and promised them success if they took of this twelve tablespoonfuls daily. At the same time he ordered to wrap the breasts in cloths wet with the same infusion. In five or six days the milk increased so that the goats' milk could be dispensed with, and the nursing mothers' nursings were limited to twice a day, morning and evening. After ten days in the one and after eleven in the other woman there was enough milk in their breasts to feed their

infants without any other alimentation.

Of course two cases only are not sufficient to establish a treatment. We may also think that a depressing state of mind operated on those poor women when they discovered that they were not able to satisfy the hunger of their little infants, and that the encouragement of Dr. Burzagli assisted her psychologically. Dr. Morfan speaks of the deleterious effects of psychologic depression on the secretion of mother's milk and of the opposite effects of hopefulness. Then the repeated sucking of the nipples by the infant tends also to increase the secretion. Yet all these are not sufficient to account for the facts in the cases described. It is certainly the part of wisdom to investigate the effects of anise in similar cases.—A. Z. L'Hardy, in *Gazette des Hopitaux*, 1905, p. 1686.

SCOPOLAMINE IMPURITIES.

The subject of scopolamine anesthesia is one of the most important ones at present before the profession. Dosage and purity of scopolamine and its differentiation from hyoscine, we trust will soon be permanently settled, and in order to give our readers the latest dictum of a first and always reliable European authority, I translate from the *Pharmaceutische Centralhalle* of December 7, 1905, by Prof. Dr. Kobert.

Owing to the investigation by Lewin and Guillery, who saw unpleasant side phenomena after the administration of scopolamine, Kobert examined to find out whether or not some admixtures of other alkaloids in the commercial scopolamine or splittings of them, are to be blamed for those unpleasant side-effects.

He relied above all on the labors of E. Schmidt and Gadamer, who demonstrated that scopolamine occurs in two forms, viz., levorotatary (active) and the inactive kind, which Hesse, curiously enough, denominated with the special name "atroscin." Schmidt and Gadamar have shown that an alcoholic solution of active levorotatary scopolamine is turned into inactive scopolamine (they call it "atroscin, Hesse"), by the addition of but a few drops of caustic soda solution. Hence it will be almost impossible to demonstrate experimentally the preexistence of this inactive base in the Solanaceae because the use of alkalies is unavoidable in the demonstration of the bases of the Solanaceæ.

Schmidt gives the melting point of genuine active scopolamine hydrobromide as 193°C. (375.4° F.) and for the "feebly turning," hence contaminated with inactive scopolamine, the melting point from 180° to 181°C. (356° F. to 357.8° F.) But the Arznei Buch, IV., demands a melting point of 180° C. and so causes the use not of the genuine active scopolamine, but one contaminated with the inactive base (atroscin, Hesse). But according to Kobert's investigation no inconvenience arises from this contamination with the inactive base (atroscin, Hesse), since it behaves itself quite similarly to the active base; this is contrary to E. Merck's Index and other authors, or does it produce the unpleasant secondary effects mentioned by Lewin and Guillery? On the other hand a preparation received from the factory of Riedel (Berlin), and designated as inactive scopolamine produced extremely unpleasant effects, manifesting themselves by eczematous formations and

Respiratory center and heart in pneumonia very susceptible to atropine; contraindicated in early stages—Le Fevre, *Med. Record.*

Pneumonia: In alcoholic and some non-alcoholic restlessness and insomnia only controlled by alcohol.—Le Fevre, *Med. Record.*

swelling of the eyelids. Examinations by Kobert and E. Schmidt showed that the trouble here arose from apoatropine, since this product had a higher melting point (232° to 233° C.=449.6° to 451.4° F.) than scopolamine hydrobromide, and derivatives from it with the corresponding derivatives of apoatropine showed equal physical and chemical constants (numerical values which are not subject to variations).

An experiment made at the same time with chrysatropic acid to see whether contamination with it might produce those unpleasant side effects showed the physiologic inactivity of this substance. From these experiments it results that there is no guarantee for the purity of scopolamine from the melting point and the water contents alone, and that the pharmacopeia must demand an active scopolamine for medical purposes which does not turn optically less than the genuine active scopolamine, according to E. Schmidt. This will exclude the harmless inactive scopolamine as well as the extremely dangerous apoatropine.

The objections of Hesse to the results obtained by Kobert, Schmidt, and Gadamer will hardly be able to make any of them untenable. The comparison especially between Kobert's observation of the effects of apoatropine with the diseases which are said to occur among the masons of Berlin, as Hesse likes to make, can hardly be taken seriously.

I regret not to be able at present to give an explanation of the local allusion.

SCOPOLAMINE IN OBSTETRICS.

The application in obstetrics of the much talked of scopolamine has no doubt occurred to many of our readers. And it is in place to let us hear of the clinical experience of our brethern, more so since we cannot have the experience with this active principle in obstetrics on brutes in our clinical laboratories. I am glad therefore to give our readers the following translation of an article from *La Presse Medicale* of Saturday, November 18, 1905, p. 749.

The use of scopolamine as a general anesthetic has become for some time a surgical practice, although not without controversy. We have personally had recourse to it with success, and lately in a severe case of contracted pelvis where pubiotomy became necessary.

Even outside of severe cases of dystocia we have adopted it largely in our practice, to give this anesthetic to deaden the parturient pains.

In all cases of accouchement, when I foresee that the duration will exceed one hour, and when the pains are severe so that the parturient woman accepts or demands an anesthetic, which is the case with most primiparæ, I give now scopolamine by preference. If necessary I repeat the dose after three to six hours, and I have given at times even three equal injections consecutively every six hours without any inconvenience. When the patient awakes after a continuous sleep of twelve or eighteen hours, I have always noticed that the awakening was cheerful, normal and altogether satisfactory. In a series of fifteen cases treated in this way I met with no complication on the mother's part that I could not attribute to scopolamine. At most it may be that the period of expulsion was somewhat retarded. But as to the dilation of the uterine neck this anesthetic

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Pneumonia: Have watched aconite, veratrum, even antimony, at onset; surprised at controlling effect on heart.—Le Fevre.

Pneumonia: I use aconite where the cardiac rate and power are out of proportion to the other symptoms.—Le Fevre, *Med. Record.*

seemed rather to favor it. On the part of the fetus I am not so positive. It has seemed to me, that when the parturition terminates while the mother was under full influence of scopolamine sleep, the child arrives on the outside somewhat stupified. In twenty-five per cent of the cases I was obliged to arouse the initial act of respiration. And what struck me in these cases was, that here brisk movements did more to stimulate the respiratory centers than artificial respiration, rhythmic traction of the tongue, etc. We have here, in fact, the characteristics of the generally scopolaminized, more sensitiveness to noises and external shocks than to the bistoury or internal excitants.

I believe also to have noticed in the newborn a slight pupillary dilation, and yet the globe of the eye did not turn upward as is ordinarily the case. And another contradictory fact here, to that which we know of this strange alkaloid, is, this anesthetic sleep (the stupefaction of the child mentioned above) is of short duration, so that in sixty or sixty-five minutes nothing more is seen of it.

Lastly, I noticed in the last confinements in which I used this active principle, that it was difficult not to say impossible for me to provoke active movements in the child by external shock or otherwise as long as the mother was narcotized. The same which I remarked above, that however awake the child was after being born, it was less agitated and seemed to be less sensative than is usual, during quite a long time.

From what was said here above and what I know from personal experience, I am led to the conclusion, that this agent has an elective moderating action on the respiratory center. In adult scopolaminized persons the respiration is always slow and profound, and it seems difficult to explain that the cardiac pulsations are at the same time accelerated. And yet from a practical point of view I am inclined to think that if there is here any danger it would come from the respiration rather than from the circulation.

I always give the hydrobromide of scopolamine hypodermically, gr. 1-50 combined with morphine (sulphate, or hydrochloride, indifferently which), gr. 1-5. I wish also to remark, that in all cases where I administer scopolamine I terminate the accouchement with forceps or version and give every time at first a few drops of chloroform.—Laurendeau.

SUBLIMATE IN OBSTETRICS.

Toff of Brailo warns against incautious use of sublimate in obstetrics by physicians and midwives. Symptoms of poisoning may appear from the bowels and the kidneys, while there may be none from the mouth. If these are disregarded and the washings with the sublimate are continued there may ensue great danger for the woman. Temperature and acceleration of pulse may give the impression of a puerperal infection, and the trouble will become still greater when under such false apprehension recourse is had to intrauterine injections. Albumin can be detected in the urine, and also traces of mercury. When the sublimate is stopped the fever and albuminuria diminish. The sublimate should not be used unless urine is free from albumin.—*Wiener Medizin, Wocherschr.*

Pneumonia: I believe that aconite is much safer to use than we have lately been led to believe.—Le Fevre, *Med. Record.*

Pneumonias most frequently kill by cardiac failure, respiratory insufficiency, or pulmonary edema.—Le Fevre, *Med. Record.*

MISCELLANEOUS ARTICLES

TREATMENT.

IF the average physician were asked "What diseases cause you most trouble and yield least readily to treatment?" he would probably say, "coughs, colds and dyspepsia." Definite diseases, such as pneumonia, nephritis, typhoid or infectious fevers, are, after a time, readily recognized and under proper treatment usually pursue a definite course. The patient who is well today but presents tomorrow a certain group of symptoms will in the majority of cases respond to definite therapeutic measures; but the individual who comes to the office with a racking cough or a persistent "cold" is quite apt to reveal no sign of distinct involvement of the lungs or other organs, the most active percussion and palpation eliciting nothing which sheds any light upon the origin of the symptoms complained of.

An acute bronchitis or coryza does not require very great diagnostic skill; the patient can tell what he has, without ever asking the doctor. Nevertheless just these conditions sometimes baffle the therapeutist, persisting despite copious draughts of hot "teas," cough syrups and liniments and finally assuming that most puzzling form of all, "recurrent cold" or "chronic cough." A glance at any text-book or work upon diseases of the respiratory tract will serve to illustrate the infinite variety of "coughs," hysterical, dry, nervous, summer, winter, senile, etc., etc. Adding these to the various forms of cough which accompany, as a legitimate effect, recognized diseases of the lungs or upper air passages, it is evident that the intelligent treatment of "cough" is not the most easy thing imaginable. Still, if he takes the time and pains *to go to the bottom,* in nine cases out of ten the case will yield to the remedies given.

Undoubtedly an experienced diagnostician will often be able to find the *fons mali* but the practician hesitates to take the time to make a minute examination of the thorax and larynx whenever he is asked to "give me something for this cough of mine." After satisfying himself that the symptom is not the result of any definite and "named" disease-process, and that the patient is in other respects well, he is apt to prescribe some favorite cough-tablet or syrup (containing nine times out of ten a salt of opium) and leave Nature to finish the cure—for the time at least. Unfortunately some of these coughs refuse to stop and the patient, after exhausting the formulae of Doctor No. 1, seeks the advice of Doctor No. 2. He examines, finds nothing very distinctive, and gives another formula; results are about as they were before, and so he goes through his stock of cough remedies and Doctor No. 3 gets the case. Year after year this sort of thing continues till everywhere there are physicians who believe that there is a type of chronic cough which will not be cured.

This is not correct. Cough is a positive symptom of the existence of some

pathological condition and it behooves the physician to find out where and what it is. There may be no distinct involvement of the lung tissues but the smaller bronchi may be the seat of inflammation, or even of infection. The most careful auscultation may fail to detect anything abnormal; and even when the larger bronchi are quite seriously affected the same thing applies. To give opiates, without knowing that they are indicated, is, to say the least, poor practice. Infinitely better it is, in such obscure cases, to exhibit such drugs as will improve circulation, hasten cell-repair, adding to these antiseptics which we know are eliminated chiefly via the lungs. To relieve stasis, improve local nutrition, and destroy low-grade bacteria or spores, while relieving enervation and insuring elimination of secreted matter, is surely scientific?

Because we do not know (and sometimes cannot possibly find out) just *why* the patient coughs, we have no right to abandon rational therapeutics and by obtunding sensation and paralyzing function put an end to the effort Nature is making to expel offending matter, or to acquaint us with the fact of the existence of an irritation.

It might be well to consider, briefly, the conditions which prevail when an otherwise healthy patient contracts a "cold." Invariably there is congestion, then inflammation and consequent cell destruction with a more or less profuse secretion of serum which may be changed and modified by bacteria or admixture with morbid material. Congestion may be so intense that blood may be voided with the discharges as in severe pharyngitis, tonsillitis and pneumonia, etc.

If we have a coryza there is first a profuse out-pouring of an almost clear serum; later the discharge becomes thick and muco-purulent. Small vessels may rupture and the secretion will then be blood-stained. If the respiratory tract is involved (acute bronchitis) we find fever and pain and the patient voids a viscid whitish material; later, as repair sets in, this may become thin. Cough is present from the first—an evidence of *irritation.* The patient with a true coryza does not *cough* and the victim of acute bronchitis does not have a profuse discharge of the products of inflammation from the nose. Occasionally the two conditions coexist, but even then the evidences of two areas of inflammation are apparent.

The less-observant clinician might argue that a distinctly local process requires local treatment, but in either case we shall find more or less systemic disturbance; in fact, were there not some constitutional derangement—some "crack in the wall"—there would be neither coryza nor bronchitis. The more careful therapeutist will, as a first step, insure general functional activity; he will relieve the system of waste matter; he will see that a full supply of normally resistant blood is carried through the vessels of the affected area and then, by proper local and general medication, will meet the exact condition which he knows to exist.

For known inflammatory disorders of the respiratory tract we have precise and dependable remedies. In acute congestions (after a preliminary clearing of the bowels with a mild mercurial and salines) give aconitine to reduce arterial tension and lessen nerve irritability (al-

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Pneumotoxin does not cause as marked weakness of the left ventricle as of the right; which also has an added burden.—Le Fevre, *Med. R.*

Pneumonia: We must consider with the heart weakness that of the vasomotors; with heart palsy that of vasomotors also.—Romberg.

ternating possibly with atropine to flush the capillaries) and, in some cases, to reduce excessive secretion, calx iodata for its marked alterative and antiseptic action (the iodine content being partly excreted via the respiratory tract while the lime affords the cell necessary reconstructive material). Nuclein to increase the *resistance* inherent in all living blood (thus enabling the system to destroy by natural processes invading bacteria) and, finally, to insure their immolation, calcium sulphide in small, oft-repeated doses.

If it is indicated, quinine arsenate should be added, this salt proving, in very small doses, as effective as large quantities of the sulphate. Moreover the arsenic effect is especially desirable in such cases.

Should there be debility, digitalin and strychnine may be added; the latter drugs are usually indicated wherever it is necessary to push aconitine hard to produce the effect desired. If the case be one of *coryza,* local cleanliness will be important; the irritated mucosa should be kept free from discharges and soothed by the application of alkaline antiseptic solutions. The old Seiler formula is excellent; so, too, is a solution made by dissolving one of the menthol compound tablets in from six to twelve ounces of water. Solutions should be used with a douche; sprays, as a rule, are to be avoided.

Sthenic cases, with full bounding pulse, are best controlled with veratrine, this drug being substituted for a time (or throughout) for aconitine. Not infrequently veratrine, gr. 1-134 every half hour till the pulse softens, followed by aconitine (gr. 1-134) every hour or two, will prove promptly abortive. An excellent "routine treatment" in any case of "acute cold" — whether of nose and throat, or bronchi—is calomel, podophyllin and bilein comp., containing calomel, gr. 1-6; podophyllin, gr. 1-6; bilein, gr. 1-12, and strych. arsenate, gr. 1-134, one every fifteen minutes till four doses are taken, followed in one hour by a full teaspoonful of effervescent sulphate of magnesium, giving also, hourly from the first, aconitine (or veratrine), gr. 1-134; atropine, gr. 1-250; quinine arsenate, gr. 1-6; every half-hour if secretions are profuse, calcium sulphide, gr. 1-6 to 1-2; and every two hours calx iodata gr. 1-3 to gr. 1 and nuclein gtt. 4 to 6. The dosage suggested is but relative and, with the treatment, should be modified to fit. Few will require all, some may; but in the hands of the skilled physician, if the patient is kept in a warm even atmosphere, and the nares and fauces are cleansed frequently, under this eliminative, antidotal and supportive plan, twenty-four to forty-eight hours will see normal conditions reestablished.

Liquids should always be restricted. Hot foot-baths are always beneficial and the head and throat (and even the thorax) may well be sponged with a tepid solution of magnesium sulphate, one ounce to the pint. If the secretions are scanty and viscid, and there is much useless cough, atropine should be omitted and emetine or lobelin substituted. It should be remembered that calcium sulphide will tend to liquify secretions but it will not aid in their expulsion. Scillitin or sanguinarine are both stimulant expectorants and either may be given in alternation or conjunction with

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Pneumonia: Loss of vasomotor control is the chief danger; this harmonizes many discordant opinions.—Le Fevre, *Med. Record.*

Pneumonia: Lost arterial tension lets blood into veins, incomplete filling arteries, distends right auricle.—Le Fevre, *Med. Rec.*

one or more of the above remedies.

In some cases apomorphine in small oft-repeated doses will act better than anything else.

Clinical experience coincided with the theory that sanguinarine acts more pronouncedly upon the bronchi and upper respiratory tract, lobelin, emetine and scillitin affecting the bronchioles especially. In *capillary bronchitis,* for instance, if brucine and cactin are given to counteract the general depression, lobelin will often speedily relieve the little patient of the secretions which have gathered and refuse to be ejected. Scillitin and lobelin may well be given together in such cases. Sanguinarine is, without question, our best "expectorant" in cases of "winter cough," which is especially apt to affect the aged whose bronchi are lined with a chronically engorged mucosa. Enervation plays a great part here and strychnine (or brucine) with sanguinarine and calx iodata will often effect a cure in a marvelously short space of time. It is well to insist also upon the use of slightly astringent gargles and nasal douches.

It should not be forgotten that many "coughs" are due to relaxation—enervation; as a matter of fact the great majority of the obscure coughs and colds we started out to discuss are due to this condition. Here, marked tonic and alterative treatment is called for. Do not use opiates unless it be imperative to obtain rest, and then only temporarily. Get the liver, kidneys and skin in a normally active state; see that you have no nasal growths or septal deviations to deal with; examine the throat and if nothing abnormal is present treat along these lines: Calx iodata, gr. 1-3 to 1 four times daily; helenin, eupurpurin and hydrastin, gr. 1-6, every four hours; strychnine hypophos., gr. 1-67, prior to meals; and aid digestion (and consequently nutrition) by giving papayotin, gr. 1-3, after eating. If you fear infection push calcium sulphide to saturation, holding the system saturated for a week. Morning and night have the patient take ten drops of nuclein "dry" on the tongue.

By these simple measures you can promptly cure nearly every "recurrent" cough or "cold." And with good tonics (the triple arsenates with or without nuclein are among the best) and proper personal hygiene hold them cured. A sponge bath twice a week and a change of underwear at night should be insisted upon. The subject is too vast to be satisfactorily dealt with in a paper of this length but, if you will remember that acute "colds" or coughs require decongestant, alterative, eliminative and germicidal measures, together with proper support of the normal vital forces, you will have no difficulty in outlining a proper and speedily effective treatment. Chronic conditions will require more care; the deteriorative changes in one case will not exist in the next; but if, after careful examination, nothing definite can be discovered and a *cough persists,* stop trying to drown the symptom, improve the systemic tone and you will cure it.

The "coughs" which attend pneumonia, phthisis, bronchitis, pleurisy, etc., will cease when the pathological conditions, causing the symptoms, are remedied; and so, as a matter of fact, will *every* cough; the intelligent therapeutist therefore will never treat a cough itself as an entity, but will invariably either

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Pneumonia: When peripheral resistance is too low on arterial side, glonoin only makes it lower.—Le Fevre, *Med. Record.*

Glonoin only indicated in high arterial tension with fast heart, as atheroma and nephritis.—Le Fevre, *Med. Record.*

find and relieve the immediate cause or failing to discover the latter, treat the patient himself and, by securing return to normal systemic conditions, preclude the possibility of a symptom of a pathological process from presenting.

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PNEUMONIA AN ABORTABLE DISEASE.

Pneumonia is a self-limited disease and is inherently an abortable one. The forces that limit the disease are the abortive forces. Sometimes without aid—that is without treatment—these forces will succeed in limiting the disease so that recovery takes place before congestion can carry it to the stage of engorgement, and then it is called "abortive pneumonia;" or if the disease continues, it will be held up again at a point further on, in the effort to terminate it by resolution. This the unaided forces sometimes accomplish but they often fail. The first should be called aborting the disease early, and that by resolution aborting it late, for if the disease is terminated here the patient is likely to be left in a good condition; but if it continues he will be left in a bad condition, if he escapes death. Properly assist the forces and the favorable termination will be much hastened and rendered very certain, in fact a majority of the cases will be terminated in the first stage, they will be aborted early; or failing in this, resolution will be much hastened, and made certain with the patient having escaped many of the pathological changes incident to its further progress and the consequences thereof.

Who will say, "Pneumonia cannot be aborted or cut short by any known means at our command." "It is the nature of the disease to run a definite course uninfluenced by treatment. We must guide our patient through the illness, without the institution of measures to shorten it"?

When we think of diseased conditions and think of the physiological effects of drugs and other remedial agents and their modifying effect on pathological conditions, we stand aghast at these enunciations and feel that there is narrowness somewhere or a deplorable limit to human perception.

We know that antiseptics will kill disease germs, and often prevent disease, and failing to prevent that they will modify by lessening the number and virulence of the germs and, even after the germs have found lodgment, will inhibit their multiplication and thus aid the protoplasmic activities of defense, thereby hastening a favorable result.

We know the beneficial effect and power of aconite and its alkaloid, aconitine, in restraining and lessening congestion and preventing inflammation, often stopping the course before engorgement supervenes. We know that digitalin is active primarily on the valves and on the inhibitory nerves, will strengthen and increase the contractile powers of the vascular fibers of the heart and blood vessels and especially of the arterial system, and in this way will help the heart and will contract the arterioles and prevent stasis with its consequences, among which is the nesting of their germs. The blood current kept moving, the protoplasmic activities are kept at work and a favorable result hastened.

Furthermore, Maragliano tells us, that

Pneumonia: Chief effort toward eliminating toxin and combating its effects on different organs.—Le Fevre, *Med. Record.*

Pneumonia: Catharsis, diaphoresis and diuresis should be judiciously used from the very beginning.—Le Fevre, *Med. Record.*

digitalis has a direct and specific action, that it will kill pneumococci and neutralize their toxins; and he states that this is the reason of the great tolerance for digitalis in pneumonia. I give digitalis from the beginning, not waiting for symptoms to indicate it, for I not only believe that its tonic action will anticipate and avert cardiac and vascular troubles but I am convinced that Maragliamo is correct in his statements regarding its specific action.

When there is venous engorgement, veratrum is the remedy. When there is obstruction to the venous capillary system as shown by the dull leaden complexion and the full bounding pulse, veratrum or, better, veratrine will meet the indications and have a happy effect.

If hepatization has supervened, salicylic acid will promote the absorption and elimination that will get rid of the exudate and thereby hasten resolution.

Early in the seventies I had a number of cases of ague and in their treatment for the chill I gave spirit of chloroform with very good effect. Having considerable pneumonia at that time I gave it in the cold stages of that disease and soon found I was inhibiting the disease, in fact aborting it. I have continued to give spirit of chloroform since with excellent results. I will give the following as an illustrative case:

June 2, 1872, man age 35. Had just emerged from a chill that had lasted over an hour, expression anxious, face deeply flushed, pulse 115, skin dry, and hot, fever high, cough short, dry, hacking, and distressing. He complained of considerable general pain and of distressing pain through the chest. There was increased vocal fremitus and resonance. No dulness. Diagnosis, pneumonia. I gave twenty minims of spirit of chloroform every fifteen minutes for six doses and afterward every hour. In two hours the pain left him. By evening, twelve hours afterward, the cough had left him and he was comfortable. Next morning he felt all right, but weak. Case dismissed.

I do not know how to explain the favorable action of spirit of chloroform on pneumonia, but since a portion of it is eliminated, unchanged, by the kidneys, possibly it has a direct paralyzing effect on the disease germs. The portion that is broken up may eliminate chlorine, to act as an antiseptic. The stimulating action may have some value by hurrying the blood current and rendering the forces more active. However this may be, I will say that I have so often obtained results similar to that in the case here given that I have come to have great faith in its powers to abort or inhibit the disease, and one of my objects in writing this paper is to bring forward this as a remedy in pneumonia. Only early in the disease does it seem to exert its specific effect. After hepatization has supervened and a stimulant is needed I much prefer ammonia.

It was sometime after I discovered the beneficial effects of spirit of chloroform that I learned the great beneficial effects of aconite and of digitalis and it was much later when I learned to differentiate between digitalis and veratrum. I have repeatedly aborted pneumonia with aconite alone, but spirit of chloroform and it combined have been almost invincible in my hands and with digitalis added, the combination is most powerful in beneficial effects. I always give digitalis (digitalin) from the beginning, added

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Pneumonia: After calomel and saline too little attention given the eliminating power of intestines.—Le Fevre, *Med. Record.*

Pneumonia: Unless contraindicated use saline cathartics freely during early days of the disease.—Le Fevre, *Med. Record.*

to the other two for reasons already given. I do not give strychnine until I see or can anticipate that the patient needs sustaining, and my preference is the strychnine arsenate.

If the disease progresses and the pulse becomes full and bounding and especially the patient loses the red flush and takes on the leaden complexion indicative of nervous engorgement, then I dropped digitalis and gave veratrum with the most happy effect. When hepatization has taken place, salicylic acid will favor elimination and promote the absorption that will get rid of the exudate and hasten resolution. Its eliminative effect by the skin is very beneficial, besides it liquifies and favors expulsion of the sputum and allays the rheumatoid pains to a gratifying extent.

If I can get to a case early I confidently expect to abort it with the first three remedies, providing the case is not gravely complicated and even then I expect to favorably modify its course. But we do not always see our cases early; sometimes they will be considerably advanced and the progressive changes are so rapid, that it does not take long. Then we must meet the changes as they occur and treat the conditions that are present. Other remedies may be needed than those mentioned. The condition of the heart may need atropine, glonoin and adrenalin and often ergotin will prove invaluable as the best equalizer of the general circulation that we have.

I have been greatly impressed with the account of the massive doses of quinine given by Dr. Galbraith in what he calls his "method of treatment." Early in my practice I was for a short time in the Southwest where I saw a number of cases of pneumonia of very low type, that were almost invariably fatal and for which I fear that the treatment I am using here would have been of but little avail, but I feel that Dr. Galbraith's treatment might have saved them.

Here in northwest Pennsylvania the patients do not seem to stand quinine well. I have a patient at this writing who with eighteen grains, two-grain capsules taken every two hours, self-administered before I arrived, became so deaf that it was difficult to make him hear, and he showed some other symptoms of quininism that were unpleasant, though the effect on the disease was beneficial. More experience might change my opinion but with what I have had I feel that the treatment will not be invariably adaptable but would be particularly so in his latitude, where he has accomplished so much with it, for his results are wonderfully good and he deserves our gratitude.

In treating this or any other disease successfully we must treat conditions. I vary the treatment in accordance with the conditions as they vary, in accordance with the habits of the individual, the environment or climatic conditions of place incident to latitude.

In prescribing I, of course, use the active principles. I would sooner give powdered cinchona or powdered dog button in place of quinine or strychnine than give tincture of aconite or extract of digitalis in place of aconitine or digitalin, for there are fewer antagonisms in their constituents and they would be more reliable comparatively.

I wish to emphasize the distinction I have made between digitalis and veratrum. We not only should use the ut-

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Pneumonia: Produce sweating by external means if toxemia is urgent; same means as in acute uremia.—Le Fevre, *Med. Record.*

Pneumonia: Diaphoresis not indicated unless toxemia profound and enough kidney action cannot be secured.—Le Fevre, *Med. Rec.*

most precision in the administration of our remedies as to indications and requirements, but we should be even more careful to give them within limits.

When I think of the thirty to forty per cent mortality as stated in our general records for pneumonia and consider that it is only from two to five per cent under rational treatment, such as has been set forth by contributers of the CLINIC, I get out of "all patience" with the nihilist and feel that the physician who will allow a patient to die without having resorted to those remedies that have been brought to notice and shown to be effectual by reputable physicians should be held for malpractice just as surely as the surgeon who had neglected to resort to known appliances that had been used with good effects and permitted a bad result in case of fracture.

JOHN R. MCCARTEY.

Fredonia, Pa.

HE "JUMPED IN WITH BOTH FEET."

I want to add my strongest endorsement of your alkaloidal treatment of pneumonia. I am using it every day with the best of success. When I began using the alkaloids I did not start with one foot but jumped in with both feet and like Lot, "never looked back." I will give you a brief and poor account of one or two of my early cases of pneumonia.

I was called to see a child six months old with catarrhal pneumonia. I gave calomel and saline and dissolved my granules in a glass and started in. The child did not improve and I concluded that they were no good and tried my old treatment. Still the child didn't improve but was constantly and rapidly growing worse. I noticed that the mother spilt more medicine outside than she got in the child's mouth, and that she did not give the baths as directed, nor do anything else as it should be done; so I told her she would have to get a nurse or she would lose the child. We got a good nurse and I measured out the little granules again. Child's temperature was now 104°F.; pulse 140; respiration 36. By the third day, temperature, pulse and respiration were normal. The fourth day I dismissed the nurse and the fifth day the little patient was well.

One Sunday afternoon I was called for the first time to see a girl fourteen years old. Both lungs were fully congested, temperature 104° F. pulse 150, respiration 40 per minute and severe pain at every breath—so severe she could not cough without screaming. I gave her the alkaloidal treatment with hot antiphlogistine and a cotton jacket over the chest. Pain was relieved in thirty-six hours, fever gone on the third day and the fifth day I dismissed the patient. I could duplicate these as often as you would want but think this is sufficient.

One more to prove the necessity of thorough cleaning out and cleaning up. I was called to see a little boy six years old suffering with congestion of both lungs and high fever. I put him on alkaloidal treatment but could not get his bowels to respond to anything and his fever continued to go higher and he became delirious after several days. Calomel, castor oil and even saline laxative, the way they gave it to him, had no effect on the bowels, at least not the desired effect. So I made a pint of

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Pilocarpine is dangerous in pneumonia; use freely ammon. acetate, pot. citrate, and hot water.—Le Fevre, *Med. Record.*

Pneumonia: Renal elimination chief reliance; nearly every case has albuminuria, indicating kidney irritation.—Le Fevre, *Med.Rec.*

lemonade and put a tablespoonful of saline laxative in it and told him to drink all he could and continue at intervals until he had drank all of it. Next morning when I called he was on the stool and bright as a new dollar and everything was coming our way. He went on to a speedy recovery.

I think calcium iodized the greatest iodine preparation I ever came across and would not be without it. May you live long and prosper.

E. R. MONTGOMERY.

Louisville, Ky.

—:o:—

Bravo for the man who goes into a thing with "both feet." Put heart and soul into your work, master all the details so necessary to success, and you will win out every time. That is just as true in medicine and especially in alkaloidal therapeutics as in anything else, as Dr. Montgomery can tell us. These cases of pneumonia illustrate what can be done by going about things in the right way. Strange, isn't it, that there are still so many men who won't try?—ED.

PNEUMONIA: IT'S TREATMENT, PREVENTION AND ABORTION.

Pneumonia has lost it's terrors for me since I commenced to use the alkaloids. I used to be almost terror-stricken when I found a case to treat, but now I do not fear it nearly so much as I used to do.

I am not going into the history or literature on the subject but tell my own experience and the way I handle the disease. I believe the physician will have less trouble with the disease, if he will teach his clientele beforehand how to keep well and thus prevent the disease to a certain extent.

He should impress upon his people that they must not neglect a cold, no matter how slight it is. Very often a slight influenza undermines the system to such an extent, that one is not able to overcome a simple indisposition, and pneumonia is the result. This condition is particularly true in children. Many times the little one has a slight cold, a mucous discharge from the nose, is slightly feverish, and yet the child is allowed to run around, play on the floor and the first thing the parents know the child has a chill or a convulsion, and pneumonia is the result.

And now a word on the abortion of pneumonia. That I have been able to abort an attack of the disease by the use of the alkaloids is a pretty bold saying, but that I have done so, I am able to prove in a history of cases that I have had this winter. Whenever I am called to a case of pneumonia, I make a very careful examination, and satisfy myself on every point as to the extent of the disease. I note carefully the condition of the heart, respiration, pulse, it's character, whether it is full and bounding or weak and irregular. I am governed entirely by the pulse as to whether I shall give veratrine or strychnine with aconitine.

I first begin by giving calomel in one-tenth grain doses at intervals of fifteen minutes until the bowels have been very freely evacuated, after which I give a large dose of castor oil. In my opinion, there is nothing in the Pharmacopeia that will take the place of castor oil. It seems to have a soothing effect that nothing else has.

Pneumonia: Large water elimination by other channels requires extra drinking, or urine is decreased.—Le Fevre, *Med. Rec.*

Pneumonia: With nausea or water-retention by stomach give saline solution enemas several times a day.—Le Fevre, *Med. Record.*

For the fever, the remedy par excellence is aconitine. And I give it until I get the constitutional effect and then I lengthen out the time of giving it as soon as the fever drops. I commence by giving one granule, 1-134 grain, every fifteen minutes and I watch the fever and the pulse very closely, and as soon as the fever begins to subside, I give it at half hourly or hourly intervals.

For children, I give one granule for every year of the child's age, plus one, in three ounces of water. If the pulse is weak, I use the dosimetric trinity, and if the pulse is bounding, I use the defervescent compound, and if the orders are carefully followed I never fail to get the result I am expecting. I do not care how high the fever is, I will reduce it by this method.

I use heroin or codeine for the pain or cough. One of the secrets of success in pneumonia is in keeping the intestinal tract clear and antiseptic. For this purpose, I use the sulphocarbolates or calcium sulphide. The latter remedy is my favorite as I seem to get better results. [Calcium sulphide is probably the most valuable internal antiseptic we have and is decidedly inimical to germ life, while harmless to the patient. Why not use it more in pneumococcus infections?—ED.]

As an expectorant, I use emetine or sanguinarine. If the patient is very nervous, I use spt. camphor with telling results. After the crisis has come, I generally use the triple arsenates and nuclein.

I very seldom give any alcoholic stimulants as I am of the opinion that they do no good whatsoever. I think a mistake is made in forcing the patient to take food when he does not want to eat. I believe a better result is obtained if food is not given. This is particularly so in children. I believe the physician will have better success if he impresses this fact so strongly upon the mother that she will not feed the child who does not want to eat. After the crisis, and when the patient is convalescent, I advise the use of plenty of butter and cream. I never give cod liver oil. I do not believe there is any virtue in it, and I would not thank any physician for prescribing it were I recovering from an attack of pneumonia.

During this winter I have treated many cases of this disease and I have not had one death, nor have I failed to shorten the length of the disease. I also believe that any other physician who tries this method and sees that it is carried out to the very letter, will be surprised at the results, he will not be afraid of the disease as probably he formerly was, and he will not only have the satisfaction of curing his patient quickly, but have the everlasting gratitude of all members of the family.

Jos. W. MALONE.

Brooklyn, N. Y.

BRONCHOPNEUMONIA IN INDIAN CHILDREN.

During the last two winters, I have had occasion to treat in Indian children between the ages of 6 and 11 years, five cases of bronchopneumonia and twenty-five cases of bronchitis, of more or less severity. The symptoms in the whole series were practically the same—fever, rapid, bounding pulse, chest pain, headache, furred tongue, some cough, etc.,

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Pneumonia: Venesection early for toxemia—over-stimulation; later to reduce venous stasis.—Le Fevre, *Med. Record.*

Disrepute to a very valuable plan of treatment by overdoing the fresh (not cold) air in pneumonia.—Le Fevre, *Med. Record.*

varying only in intensity. The physical signs usually consisted of little more than a harsh respiratory murmur with a few dry rales. In only those cases presenting evidences of consolidation did moist rales appear.

The cases were all of short duration—from one or two to ten days. All recovered. And after recovery very little cough remained.

Practically the same line of treatment was pursued in all the cases. To empty the alimentary canal from two to four compound cathartic pills were given, followed by salts if necessary. Mustard was repeatedly applied to the chest anteriorly, and between these applications counterirritation was maintained by means of camphorated oil. I did not have antiphlogistine then. Internally quinine was administered in doses of three grains every three to four hours, according to age. Some expectorant was given. The remedy mostly relied upon was aconitine. This was given in doses of 3-1000 to 1-250 grain of aconitine crystal, in solution, according to age, every one-half to two hours, the frequency depending on the height of the fever. I have personally administered 3-1000 grain of aconitine crystal to a boy seven years of age every half hour for five consecutive hours and continued that dose at hourly intervals thereafter. The effect obtained was beautiful. The pulse became soft and less frequent, the respiration easy, the temperature gradually dropped, and the signs of the disease process cleared up. As improvement became manifest the aconitine was given less and less frequently. This constitutes the history of all these cases. I have usually added 1-800 grain of digitalin to each dose of aconitine. I find however, that this is too much. In the case detailed above the temperature fell to 97.6° F., but returned to normal forty-eight hours later.

With a few of these cases, as I did not then have aconitine, tr. aconite was used. It was, however, given "to effect." I gave five minims tr. aconite, half-hourly intervals, to a boy of ten years. Nothing less would do the work. Aconite is an excellent remedy and the alkaloid is the sensible way in which to use it.

TOLER R. WHITE.

Parker, Arizona.

ONE CASE LOST IN TWELVE YEARS.

Allow me to congratulate you on your selection of the new name for your new journal. The conflagration, which did *not* destroy the CLINIC, seems only to have multiplied its possibilities in the new form.

I have been a constant subscriber since the founding of the CLINIC and base my success as a physician very largely on the knowledge and wisdom gained by reading it and other alkaloidal literature. How any sane person can refuse to be educated concerning the alkaloids and active principles, and at the same time continue the use of them in their unknown quantities as contained in tinctures, fluid extracts, solid extracts and other crude forms, is a problem I am not able to solve. However, I am sometimes almost persuaded that it is due in a large per cent of cases to downright laziness, since to use the alkaloids in their purity and

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Pneumonia: In most cases appear signs of general weakness or insufficiency somewhere. —Le Fevre, *Med. Record.*

Stimulation early is responsible for later failure—true exhaustion follows excessive work.—Le Fevre, *Med. Record.*

as taught by Burggraeve (and other shining lights), "to effect," requires a better knowledge of medicine, to know what is meant by "effect," than most possess.

In response to the request in the February number of your valuable journal, for something relative to our experience in the use of the alkaloids in the treatment of Pneumonia; I will answer in as few words as possible by saying, I have lost but one case of simple uncomplicated pneumonia (a very old lady past 70) in twelve years of active practice, though I have treated cases of all ages, from mere babes to those past the three score and ten.

I know this statement will brand me as a blank prevaricator by some, but thanks to the Allwise, by only those not acquainted with exact therapy. I once called in consultation a gentleman —a college professor who had made no less than four and perhaps six trips across the Atlantic in search of wisdom (and the pull that attaches to the trip abroad) and after going into detail of my treatment, naming the medicines used, he said: "Say Browning; what are these things you refer to, this cicutine hydrobromide and the others? I don't know what they are. Are they some proprietaries or what are they?" I immediately advised him that they were the alkaloids and isolated active principals that he had been using in his crude medicines, the tinctures, etc. *This man belongs to that class of doctors who will sneer at the report of a jugulated pneumonia.* Many belonging to this class know more of the alkaloids than this man seemed to know —they can tell you something of their derivation, but of their therapeutic value they know very little, and one bad feature is, there seems to be little hope of their learning.

ELI BROWNING.

West Branch, Iowa.

—:o:—

Wait a while, Brother! They are learning.—ED.

WHAT OF THIS CASE OF PNEUMONIA?

Immediately following the period of unusually mild weather which was experienced throughout this province in January, there developed a number of cases of pneumonia in this locality and several deaths occurred from this disease. My own cases numbered six which were all treated according to the following plan:

To illustrate, I enclose a chart of my worst case and append a history of the treatment thereof:

The patient was a robust girl of fourteen. Had been taken with chills the day before and when seen had a temperature of 106° F., pulse of 134 and respiration of fifty, and an examination showed consolidation of the right lung. The prognosis was considered unfavorable.

She was placed in a well ventilated room and given a sponge bath. Calomel, 1-4 grain, was given every half hour for four doses followed by half an ounce of magnesium sulphate which was repeated in smaller doses every morning.

A granule containing aconitine gr. 1-134, veratrine gr. 1-134, and digitalin gr. 1-67, was administered every fifteen minutes for four doses then every hour for twenty-four hours, after which strychnine arsenate gr. 1-134, was sub-

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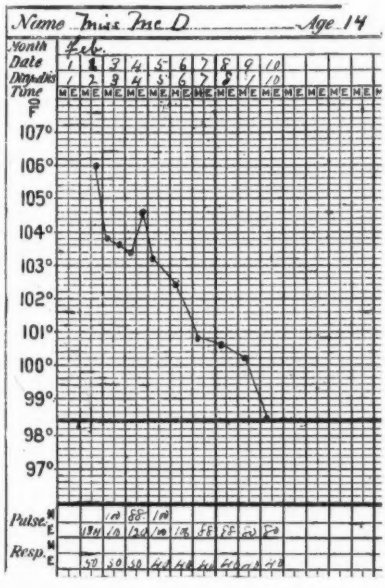
In a case of pneumonia I wonder if he can stand the pace, an endurance race against him, the crisis.—Le Fevre, *Med. Record.*

Indications in Pneumonia: Limit production of toxin, antidote it, eliminate it, neutralize or combat it.—Le Fevre, *Med. Record.*

stituted for the veratrine and the remedies continued, lengthening the intervals to two, three and four hours as improvement was noted. Pure water was given frequently and in abundance and, most



important point, all nourishment was withheld for two days, at which time we commenced to give liquid peptonoids in two-dram doses every two hours, and after two days more a little clear soup and later on diluted milk and other light articles of diet were added as the patient's appetite demanded. No applications were made to the chest.

As to the results the chart speaks for itself. They were exceedingly gratifying, and according to all old standards, might be considered surprising. The improvement was immediate and progressive, there being no waiting for a crisis, and I have observed this point as quite common in my other cases. The rise of temperature on the fourth day followed a hypodermic of 1-4-grain morphine for severe pain in the chest and illustrates the pernicious effect of that drug in checking excretories.

I have tried to eliminate from my treatment of pneumonia everything non-essential and to allow the patient perfest rest. Indeed, it is my opinion that the average case of pneumonia can be carried to a successful issue by rest, fresh air, starvation, water and salines, with the aforementioned alkaloids, given freely at the start to equalize the circution.

F. C. HAGAR.

Smith Falls, Ont.

—:o:—

What do you think of this case, Dr. Doubting Thomas? Look at the fever chart, read the report and think it over. It certainly *does* look like a case of pneumonia—doesn't it? If others get results like this, wouldn't it pay you at least to investigate.—ED.

PNEUMONIA: AUTOTOXEMIA.

I pity the doctor—I don't care who he is—who knows nothing about the use of the "alkaloids."

I am feeling especially grateful today, in the main because I shall not need to sign the death certificate of a little two-and-a-half-year-old, that has just passed through the clutches of lobar pneumonia. This little fellow had been down with intestinal autointoxication for eight or ten days, at which time came the pneumonic invasion. Upon my advent into the case, I found a temperature of 106° F., (axillary), convulsions and delirium.

The condition of the nervous system

Pneumonia: All means to control pulmonary congestion have their uses and in proper cases give relief.—Le Fevre, *Med. Record.*

To act directly on the pneumococcus, antiseptics often exert a favorable influence, in special cases.—Le Fevre, *Med. Record.*

was something startling. You might as well have touched the child with a red-hot poker, as to try the sponge bath. Its stomach had refused (and properly) to retain the previously given preparations containing creosote with strychnia.

Things looked mighty blue, for the point has been reached where the physician in charge was at a standstill. I pushed all previous prescriptions aside, and wedged in upon the doctor my "alkaloids" by kindly calling his attention to Yeo's remarks upon the use of aconitine in his Manual of Clinical Therapeutics, in which he says:

"We do not advocate the use of aconitine generally in pneumonia; indeed, we are strongly opposed to its continued use as a routine remedy, or to more than a limited number of small doses, but given in small doses to children and young people, at the very outset of an attack, and for twelve to twenty-four hours only, we are bound to bear testimony to its remarkably good effects. We haven't seen any particularly good results following its use in adults, and we should consider its administration most unjustifiable in aged people; but it has some subtle influence, which we are quite unable to explain over many of the febrile affections of children and young people. It allays the distressing sense of heat; it calms restlessness; and it promotes sleep."

With this simple suggestion I opened up the way for my alkaloids, and placed the little fellow upon amorphous aconitine, coupled with "infants' anodyne," to bring it within my range. I applied a pneumonia jacket, and cautioned my nurse to control that child's temperature and nervous symptoms with my solutions. As early as possible I worked in the triple sulphocarbolates, interspersed with little pink calomel tablets against the infection of the intestinal tract. Later came the necessity for the use of glonoin. I wrote one prescription for the case, in connection with the other physician, and that was for panopepton as a food.

The physician whom I was called in upon, twittingly remarked that my treatment looked to him "like shooting at a hawk with a popgun," but I stuck, and *the case he had practically given up got well!*

While I had persistently rebellious temperature to fight against, and an extremely bad tympanitic condition of the bowels, yet I could actually see my line of treatment making advanced strides every hour to complete recovery.

Doctor Abbott, I want to say to you candidly, that I believe my granules did the work, and I am reasonably sure that I have convinced one physician in my vicinity that there is a treatment for pneumonia, and I'll bet my "Stetson" that it will not be long until he will be looking up "Alkaloidal Therapeutics."

I would not have burdened you with this simple little recital, for it is an old story to you, but it illustrates the "faith within me," and may help some one else.

K. V.

——, Texas.

—:o:—

'Tis a blessed burden, Brother; pile it on! Our hearts lighten with every brick.

Yeo is all right, but if he was writing today he would present a more expanded view of aconitine, the very *sine qua non* of active therapeutics. How the "faith within" does grow after one, two, a dozen experiences like this? And that

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Pneumonia: I have seen irreparable harm from antiseptics injudiciously or too long administered.—Le Fevre, *Med. Record*

Pneumonia: Quinine in moderate doses even late in the disease, does not produce any depressing action.—Le Fevre, *Med. Record.*

explains why our "family" are all optimists and enthusiasts.—Ed.

THE TREATMENT OF PNEUMONIA: ENERGETIC BUT EFFECTIVE.

I have noticed in some of our medical journals that the mortality from pneumonia is on the increase. I am surprised to see such statements. There is something wrong. I am afraid the profession is growing theoretical instead of practical. I have a great deal of pneumonia every year. I do not remember of ever losing an uncomplicated case in my life, and very few of any kind. All our cases here are more or less complicated with malaria. The cases I lost were old tuberculous ones, or patients who were in a dying condition when I first saw them. It seems to me I have treated the worst forms of the disease under the most unfavorable circumstances possible. Sometimes there was but one room in the house and half a dozen to a dozen in the room. I know some will doubt my statement. Nevertheless I can verify every word of it to the satisfaction of anyone who will investigate.

In the first place I believe every doctor ought to carry with him a well-assorted line of drugs, such as are needed in every-day work. I do not believe in so much prescription writing. I believe a doctor ought to give his patients close attention, in bad cases stay with them awhile, especially about the crisis, and see them safely over. I frequently stay all day or night and make such changes as may be required.

It depends upon the stage of the disease as to how to begin treatment. I frequently abort an attack of pneumonia if I am called in ten or twelve hours. To abort a case I give a good big dose of morphine and atropine hypodermically, and by the mouth about seven or eight grains of calomel and three or four grains of quinine combined with Dover's powder. I have a flannel cloth large enough to cover one whole lung, or both, doubled two or three times and saturated with tallow, melted with the same amount of turpentine, applied over the lung as hot as can be borne; I have a bandage applied, clear around the chest, to hold it in place. After this treatment the pain will frequently cease, the patient will go to sleep and cough subside; he will sweat his fever off and be up the next day.

Should I not see the case until it is well developed, the patient with high fever, coughing up dark congested blood, or mucus and blood, or rusty-colored sputa, the breathing difficult, with severe pain in the lung, I begin a little differently. If the bowels have not been acted upon, I begin by giving not less than eight powders, containing about two grains each of calomel, Dover's powder and bismuth. To the first dose I add about six grains calomel and give a powder every two hours. To control the fever I give a combination of bryonia, gelsemium and aconite. If the fever runs above 102 1-2° F., I give acetanilid comp. with codeine, often enough to keep the fever down to or under 102 1-2° F. If the Dover's powder and bryonia don't control the pain and cough I leave additional doses of Dover's and a little morphine combined. To control the cough, I use the local application named above in all cases. In very bad cases I take it off long enough to give the lung a very

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Pneumonia: Lowering fever does not benefit, unless it improves nervous, cardiac and respiratory symptoms.—Le Fevre, *Med. Rec.*

Pneumonia: Sthenic cases bear systemic antiseptics better than the aged, the debilitated and the alcoholic.—Le Fevre, *Med. Record.*

heavy painting with tr. iodine, but then have the cataplasm warmed up and put back. If the pain is obstinate I have some salt heated and put in a little sack, not too heavy, and laid over the painful area.

But there is one remedy I never cease to give until my patient is out of danger. That is calomel in small doses, unless the gums get a little sore. But it is not one in ten that has a sore mouth. I keep the bowels well open all the way through the course of the disease. I sometimes give veratrum with bryonia, the two mixed; occasionally I omit the aconite or gelsemium. The fever frequently subsides to a great extent in three or four days, but sometimes, especially when the case is complicated much with malaria, the fever is stubborn for ten or fifteen days, and sometimes we have a rise of temperature to 101° or 102° F., for a week after the patient is out of danger so far as the lungs are concerned.

Now for heart stimulants. My opinion is there is too much heart treatment. Of course you ought to watch the heart and be ready to protect it. As a rule, as long as patients have fever they do not want heart tonics. I want as low blood pressure as can safely be got along with, and I want the blood to pass through the lungs with as little force as it safely can. But if the heart is weak from any cause, especially if there is high fever, better watch it and leave off everything that would tend to depress it. I prefer cactus to any other remedy, but should that not answer, add nux, or digitalis, or both. I never leave a pneumonia patient without leaving a heart stimulant composed of cactus, nux and belladonna with instructions (very explicit) to watch the pulse, and if he becomes too weak, or complains of smothering, or should sweat profusely, or if the breathing becomes oppressive, order a teaspoonful of the heart mixture every half-hour till the desired effect is obtained.

After the fourth or fifth day, whether the fever subsides or not, if the tongue is inclined to be dry, I give turpentine in proportion to one drop an hour, with potassium chlorate, about one grain in emulsion of acacia. After the fever subsides or becomes periodic I give quinine in small doses between periods. Of course I do not treat every case just alike, but every case according to its likeness. But I never let them go over twelve hours without giving a little calomel until I think they are safe.

Now as to feeding and I will close. As long as the fever runs high I do not care whether they eat anything or not. I never insist on patients eating but allow them to have buttermilk if they want it. There is not one in ten that wants to eat so long as they have much fever, but after the fever subsides they can take milk or soup or both with rice or oatmeal. Sometimes there is nothing on the place to eat but a little fat meat, bread and coffee, but by the help of neighbors they are nourished in a way. I think the main thing is to keep the patient as quiet as possible. Allow your patient to cough but little, fight inflammation and the mortality will decrease.

J. C. LUSBY.

Shark, Ark.

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We give the doctor's paper, not because we approve the method of treatment which he advocates, but because we

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We now know lung changes but incidents; measures formerly found beneficial still suitable.—Le Fevre.

Difficult to tell how much is dependent on the pneumonic toxemia and what on condition of lung.—Le Fevre, *Med. Rec.*

do not. To most of us it will seem pretty severe, and in this day of small dosage and exact medication there are, at least in our opinion, much better ways of accomplishing the result aimed at—the cure of the patient. And yet we must admit that the results which he reports are everything that any man can ask for. Results count—and Dr. Lusby cures his patients. Therefore his ideas must contain food for thought. His scheme for local treatment is good. We often use it.

Many years ago calomel was extensively used in pneumonia, as a curative remedy, for its so-called "sedative" effect. Dr. A. H. Smith of New York some years ago called attention to this in discussing (in eastern journals and Twentieth Century Practice) the effect of internal antiseptics, such as guaiacol and the salicylates, upon the course of this disease, which he believed to be a general infection arising from a local focus—the infiltrated lung—where the pneumococci breed and from which the pneumotoxin is thrown into the blood. The old calomel "sedative treatment," in which enormous doses of this remedy were used, owed its efficiency, so he thought, to the systemic effect of this drug. But it should also be remembered that calomel is one of the best of intestinal antiseptics; by derivation it also serves to reduce the congestion in the overburdened lung. In the latter way it certainly is a powerful "sedative" of the circulation, while in the former it effects exactly the same results which we accomplish with the sulphocarbolates, the reduction to a minimum of that important factor in all fevers, absorption of poisons from the bowel which, added to the specific poisons of the disease, serves to turn the scale to the side of death. Results, then, probably are obtained with these big doses of calomel, but results which are much more easily, certainly and safely obtained through the use of the "trinity" and dosimetric compound to modify the circulation, and the smaller doses of calomel and the saline followed by the sulphocarbolates to keep the bowel sweet and clean. We should, it is true, remember that in the Southwest there is often a malarial element, possibly calling for mercurials, and the antiperiodics.

This dosing with opiates we utterly disapprove. They relax the patient, relieve pain and cough and give a sense of comfort, to be sure, but they also lock up the secretions and prevent the proper elimination of poisons which Nature and the doctor are so strenuously endeavoring to get rid of. As used by Dr. Lusby, with calomel, the two remedies are mutually neutralizing each other's actions. The vascular sedatives which he recommends, such as aconite, veratrum, gelsemium and bryonia, all have a place in the treatment of this disease, when properly used, and we have no doubt that the doctor is a "past master" in the application of these truly American remedies. But why not use their alkaloids and be *sure* of the results you are obtaining?

We want to compliment Dr. Lusby on *doing* something. When so many men, in these nihilistic days, are content to sit down placidly and let their cases go by default—"to that bourne from which no traveler returns"—it is refreshing to find a man, even though he is not an "alkaloidal crank," who puts energy and faith into his medication and as a result saves life. Good for you, Brother, keep it up and catch onto the new and more exact

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Pneumonia: Local lesion not essential cause of symptoms, though it contributes to the seriousness.—Le Fevre, *Med. Record.*

The toxemia must be considered the chief factor in causing the symptom of pneumonia.—Le Fevre, *Med. Record.*

methods and medicaments as fast as possible.—Ed.

SOME POSITIVE RESULTS.

I have received so much assistance from the use of the active principles during the last eight or ten years that I think it is a duty to report two recent cases for your satisfaction, and for the edification of the doubters and scoffers.

Case I. Male, age 13, very large and fleshy for age. Taken January 14 last with chill and high fever. I was called the 17th—a bad start. I found the temperature 105° F., respiration 54, face unusually bronzed, pulse 160, coughing up quantities of brick-dust sputa, constipated, left lung involved. Prospect anything but flattering. I gave aconitine, digitalin and veratrine in twenty-four teaspoonfuls of water; teaspoonful every fifteen minutes for four doses, then every thirty minutes for four doses, then every hour till my return, which was three hours later. Divided one grain calomel and three of soda into eight powders, one dry on tongue every fifteen minutes. Saline laxative was given every hour until effect. Antiphlogistine, hot, was applied to the affected lung.

Returning I found the temperature 100.4° F.; he was sweating profusely and the pain was much relieved; respiration 30, pulse 120, good movement from bowels. I had a large disposition to pat myself—and you—on the back and cry "bully boy." Directed fever mixture continued at longer intervals sufficient to hold fever down, adding calcidin, and emetine when necessary, and last, but not least, the intestinal antiseptics. On the third day at my evening call I found temperature 103.6° F., and the most tumultuous heart-action I remember ever to have seen. For this I gave four granules, gr. 1-6, of sparteine every two hours. Pretty good dose you say. But next morning temperature was 90° F., respiration 26, every symptom showing the good fight to be nearly won. Again the patting process! Three days later I discharged the patient.

This case is important on account of the late start, corpulency of the patient, the severity of the attack, the left lung being involved, etc. I feel confident that if I had employed the old and uncertain galenicals I would have been compelled to append my autograph to a death certificate.

Case II. Little girl, three years old. Chill on Monday night, Jan. 22; saw her at noon Tuesday. Right lung, temperature 104.6° F., pulse 160, respiration 40, jerky and painful. I gave aconitine, digitalin and strychnine arsenate, each four granules in twenty-four teaspoonfuls of water; teaspoonful every fifteen minutes for an hour, then every thirty minutes for four doses, then every hour or two till fever subsided. Same treatment, additional, as in case No. 1, proportioned to age. I used strychnine instead of veratrine on account of debility caused by a previous whooping-cough (which I did not treat). Discharged in four days. Some of the neighbors say it was not pneumonia—"Got well too soon." It was, however, typical pneumonia, and the only error I made was to cut a hole in my own pocket. But I am fond of making such errors.

For several years I have been satis-

If pneumonia is infectious, it must be treated on the fundamental principles proved valuable in other infections.—Juergensen.

Respiratory pneumonia cannot be due to fever, pain and pulmonary consolidation; each adds its quota.—Le Fevre, *Med. Record.*

fied that if the old mossback, high-headed moguls would adopt the alkaloidal methods they would not have to sign nearly the number of death certificates they are now called upon to do. One blessed consolation is they will *have to come to it.*

R. H. BAYLOR.

Erin, Tenn.

—:o:—

You certainly have reason to be satisfied and we trust that readers of the CLINIC who are yet unacquainted with the *positive* action of active principles may be convinced by reading your article and test the method in similar instances. At some future time, Doctor, "come again."—ED.

HE BELIEVES IN ABORTING DISEASE.

I have been in the practice of medicine for twenty-three years and have had experience with pneumonia every winter and spring. Until the last year my cases would be confined to bed from two to three weeks. This winter I have adopted an entirely new, or rather different, method of treatment.

When called to a case of pneumonia I immediately put him on aconitine if he is a stout robust patient. If not I use defervescent compound, number two. I give this in full dose, watch the effect and keep temperature down to 100° F. If the pain and cough is very severe I use morphine and potassium cyanide, number one. I use no poultice, blister or other local applications to worry my patient.

If this treatment is administered in dose-enough quantities during the first twenty-four hours, I believe any case of pneumonia can be cut short, or if you prefer the word, aborted. If calomel is needed use it, if not give saline laxative or anything else to keep bowels open. There is very little use of any other treatment in pneumonia.

I am not a believer in self-limited diseases. I believe in treating them with a view to stopping them. Pneumonia, typhoid fever and many others so-called self-limited diseases can be aborted if the proper remedies are used. I believe the alkaloids are the only reliable preparations at our command. When I give an alkaloid I know what to expect and if my diagnosis is correct I am never disappointed.

A. W. BARTON.

Overton, Texas.

AN EVOLUTION OF AN IDEA.

July 8th last my wife died of pneumonia. I have ever made it a rule, in case of serious illness in my own family, not to depend upon myself wholly, but to call in a brother practician; therefore early in my wife's illness Dr. ———, one of the most skilful and attentive physicians in the northwest, was called in and a trained nurse secured. My wife was treated along the so-called orthodox lines laid down in our text-books, but died. I said then (I have practically retired from active practice): "I hope I shall never have to treat another case of pneumonia, but if I do I will try to forget everything the text-books say about treatment."

January 14th, while attending church five miles out in the country, I was asked to see Mrs. K., aged 32, mother of three

Pneumonia: Fast, strong heart, full, bounding pulse, high blood pressure, all show increased activity of heart.—Le Fevre.

Pneumonia: To regain vasomotor control, strychnine, caffeine, atropine, cocaine, act on medullary centers.—Le Fevre.

children, the youngest four months old. I knew she had not been strong since the birth of her last child. I found she had been sick forty-eight hours, the real attack setting in with a severe chill, followed by sharp and continuous pain in the right lung, extending in thirty-six hours to the left lung. Pulse 128, respiration 38; tongue coated, breath very offensive; patient partially delirious; a dry hacking cough with no expectoration intensified the pain in the lungs. Diagnosis, a very severe case of double pneumonia in a bad patient. I did not take the temperature as I had broken my thermometer, and besides I care little about the temperature in pneumonia if I can keep the pulse within bounds. (Note this.—ED.)

Treatment: I gave eight 1-10-grain pink calomel tablets to be given two every thirty minutes until all were taken, followed with a full dose of saline laxative to effect. This woman's bowels had not moved for days and when they did there was unquestioned evidence of something "rotten in Denmark." I also gave aconitine, gr. 1-134, every half hour until pulse was down to 100, then every one and one-half hours. For the cough I gave ammonium chloride compound with codeine tablets, one dissolved in a spoonful of hot water every one-half hour till effect, and then every two hours, and ordered Dover's powder, 5 grains as needed, to quiet. Intestinal antiseptics were given every four hours after the offensive stools.

The second day pulse was 100, respiration 32; less pain, more expectoration. Continued same treatment, except that the calomel and saline laxative were cut down half and veratrine, gr. 1-134, added to aconitine as pulse was of the bounding character.

Third day the symptoms were all relieved. Gave strychnine and quinine in small but oft-repeated doses.

Seventh day patient able to sit up a few minutes and inquiring anxiously for food. No relapse.

In this case I used no mud poultices, but instead ordered this: Wheat bran, one quart, pure mustard, five tablespoonfuls, to be thoroughly mixed in hot watter, equally distributed between thin cloths and applied over the entire chest as hot as could be borne. I ordered two dressings to be wrung out in hot water and changed every two hours.

For food and drink I gave all the hot milk she could take, or could be urged to take, and all the cracked ice she wished to dissolve in the mouth; perfect quiet and ventilation, no fire nearer than the adjoining room. Now pitch in and criticise. Say that the patient recovered in spite of the treatment if you want to, I don't care a snap as long as the woman got well!

J. F. LOCKE.

Long Prairie, Minn.

—:o:—

Is this man a fool? Was this just a "happen so"? Ye gods! Oh, doubting Thomas in the field and ye me-too journalist, what asininity. Their blood be on your heads!—ED.

HAS ABORTED PNEUMONIA AGAIN AND AGAIN.

I have again and again aborted pneumonia with the alkaloids. Just day before yesterday I was called to the case of H. B., male, age 35 years, who worked

Pneumonia: To regain vasomotor control, digitalis, ergot and suprarenal act on arterial muscular tissue.—Le Fevre.

Nothing doing so much good and as much harm in pneumonia as strychnine; apparent benefit covers over-stimulation.—Le Fevre.

in wet snow; chill the night before, stabbing pain near the left nipple, temperature 103½° F., pulse full and bounding, severe pain in left groin, rapid respiration, etc. I gave aconitine, digitalin and veratrine, one each every fifteen minutes for six doses and then less often. Next day I found a temperature of 99° F., patient one hundred per cent better. Today still better. I also gave ten grains of sulphocarbolates every four hours after thoroughly cleaning out the bowels. It is the same old story and still they wont believe it who don't use the alkaloids.

WILMER CULVER.

Elbert, Col.

ANOTHER MAN ABORTING PNEUMONIA.

Why is it that of all scientific callings ours should be most dogmatic, surpassing even theology? The writer graduated from a most orthodox institution where he was taught that all methods of treating the sick not governed by the law of similia were worse than useless. But he considered, as a well-educated man, he should do a little thinking for himself and he soon had occasion to use an "old-school" method of dealing with a situation where his own failed and the final outcome was most satisfactory. Again he was called upon to attend a case where the disease wiped out both homeopathic and "regular" methods, and medications, but was promptly supressed by a drug used only by eclectics and, so far as the writer knows, only described in the materia medica of the eclectic school; and I cannot say how many times, where all three schools have failed me, or in my judgment would have failed me if I had risked the time to try them, alkaloidalism has come in and saved a human life "with neatness and dispatch!"

What a grand excuse, and how threadbare, is that of the lazy doctor: "Oh, life is too short to study the materia medica of the various schools!" It is nothing of the kind. One hour of hard reading every day in the week for two months will give any man, containing in his thinking box the average amount of gray matter, an amply sufficient knowledge of the salient drugs of all the schools, and their indications in the most general classes of cases. And he who is too lazy to spare that time is unfit to have intrusted to his hands the care of human life.

Pneumonia received its title of "Captain of the Men of Death" from regular sources, and surely the mortality records would justify the title; yet here is the record of a pneumonia case:

Mary C., age 16, blonde, anemic, weight 110 pounds, height five feet. Commenced with a severe and protracted chill, with vomiting. Temperature rose from normal at 11 p. m. to 104° F. at 5 a. m.; strong, full rapid pulse (100-120), rapid laborious and shallow breathing, widely dilated nares and violent action of all the accessory muscles, sharp pain over the left nipple, aggravated by pressure, breathing or coughing; shortness of breath, the number of respirations increasing to forty and fifty and fifty-four per minute, causing interrupted speech; cough, first short, ringing and harsh, soon followed by a scanty, frothy mucus, soon becoming semi-transparent, viscid and tenacious, which had changed to a rusty color on

Pneumonia: The dose of strychnine should be just enough to increase the irritability of the centers.—Le Fevre.

Strychnine should not be a routine treatment in pneumonia; or given before indications for its safe use are present. — Le Fevre.

the second day when I was called in. Headache, insomnia and the well-defined mahogany blush over the malar bones, with scanty high-colored urine, were all present.

Percussion showed dulness, scattered in patches over both lungs. Ausculation, vesiculobronchial breathing changing to moist, associated with small bubbling (subcrepitant) rales. I give the symptoms as fully and as accurately as possible, since in relating such cases you are invariably met with the assertion, given in tones of mingled pity and contempt, "The case you describe was not pneumonia, but simple, etc., etc.," and so it goes on *ad nauseam*.

I commenced treatment with aconitine, strychnine arsenate and digtalin, one of each every fifteen minutes until the pulse softened, then every half hour. I got the pulse down to 85 and kept it there. I enveloped the entire thorax in antiphlogistine, spread to half an inch thickness and applied steaming hot. Gave some bryonin and codeine for pain. Cleaned out the *primae viae* with 1-6-grain calomel and podophyllin, half-hourly, till a grain of each was taken; two hours after last dose gave a heaping teaspoonful of saline laxative in hot water and repeated every hour till bowels moved freely, following this with ten grains sulphocarbolates.

Inside of twenty-four hours I had that temperature down to normal; inside of thirty-six hours all other symptoms were relieved and it was only by the direst threats of what would happen that I kept that girl from attending a party a week from the day of her taking down.

My last case was a week ago. Young lady twenty-two years of age, severe chill. Temperature when I saw her 103° F., pulse 120, respiration forty per minute, sharp pain near right nipple; complete and overwhelming prostration.

Aconitine, veratrine and digitalin, one each every fifteen minutes. Grain one calomel and grain one podophyllin, given in six powders of each half an hour apart; antiphlogistine over thorax. In twelve hours symptoms all relieved, in twenty-four the patient was convalescent.

I have done nothing here that the humblest practician could not do. On the first occasion when I had made my diagnosis, I just took up that marvelous little book, Abbott's "Alkaloidal Digest," turned to the bottom of page 60, where stood the word "Pneumonia" and with that as my chart and log book, steered my patient over the tempestuous sea of pneumonia on the alkaloidal bark for the first time. Have made many more trips over that route since, and will not fear to make them again.

VERE V. HUNT.

Blackwell, Okla.

—:o:—

THE ALKALOIDS IN PNEUMONIA.

My application of the alkaloids in pneumonia is as follows: If called early, one to six hours after the initial chill, which I find in nearly every case of pneumonia, I almost invariably give an initial clean out and starter consisting of six doses in capsules as follows: three capsules containing calomel and podophyllin, of each 1-6 grain, colchicine 1-134 grain, emetine 1-67 grain, defervescent compound, No. 1, one granule; the other three capsules as above except colchicine is replaced by hyoscyamine

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Pneumonia: Atropine, cocaine and caffeine used for emergencies at crisis; when strychnine fails a forlorn hope.—Le Fevre.

I believe the primary and essential action of the pneumococcus infection toxemia is that of stimulation.—Le Fevre, *Med. Record.*

amor., gr. 1-250, directing one capsule every half hour followed by castor oil or saline laxative.

This warrants a thorough cathartic action without griping, stimulates practically all the secretions, promotes expectoration and diuresis, relieves pain, congestion of the lung or lungs, and tranquilizes the nervous system, while rendering the bowel more or less antiseptic.

Immediately following the above capsules I give one granule of defervescent compound, No. 1, every fifteen to thirty minutes (as the case demands, usually thirty minutes) until effect, then every one to two hours as needed to maintain effect, i. e., to hold the temperature and pulse as nearly to normal as possible.

I furthermore envelop the congested area in antiphlogistine, or some of the similar preparations, and cover same with absorbent cotton. After the antiphlogistine has spent its force (become stiff) I remove it and in its place apply turpentine stupes—equal parts of turpentine, coal oil and lard, covering with the cotton jacket as before and this I leave on until recovery.

I then follow with whatever remedy or remedies I think the case demands: emetine to promote expectoration, bryonin to relieve pain, strychnine when heart weakens, always keeping bowels active with repeated doses of castor oil or saline laxative. My recuperative treatment usually consists of strychnine in some form, frequently strychnine arsenate alone.

I do not in all cases confine myself to the alkaloids, for I have used with most pleasing results iodide of iron in syrup form; white pine compound with potassium iodide and ammonium muriate during resolution, etc. But the active principles are "The Stuff." If called early I abort from fifty to seventy-five per cent of all my pneumonia cases —have treated four cases of lobar pneumonia thus far this winter, aborting two of them; one of the other two I did not see until the fifth day and the other not until the second day.

I have practised since March, 1901; have treated from five to twenty cases each season and have my first case of pneumonia yet to lose.

I recall one case I saw the second day after the initial chill; "crisis" occurred the twelfth day (a very obstinate case, pulse and temperature remaining high throughout). In this case I used adrenalin chloride (P. D. & Co's), digitalis and strophanthus, also sodium chloride enematas with good results. At that time I was not conversant with the alkaloids or I would more than likely have used digitalin and strophanthin.

FREDERICK F. LEMON.

Lincoln, Mo.

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Well how's that? This man isn't *selling anything!* Will you believe him or don't he know a case of pneumonia when he sees it?

How does this tally with the following, from the March number of the *Medical World.* Commenting on the inquiry of a North Dakota doctor, who wants to know as to the possibility of cutting short typhoid and pneumonia the editor says: "Competent members of the profession make no claim to the ability to abort either typhoid fever or pneumonia. Such claims have been made repeatedly, but whenever they have been

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Cocaine in nose has maximum effect on respiratory center; seen in respiratory failure from morphine.—Le Fevre.

Pneumonia: When no response to strychnine, vessels may be acted on by digitalis, ergot or suprarenal.—Le Fevre.

tested by the profession, they have been found lamentably wanting. The majority of active practicians of experience have proven the falsity of such claims so often that to make such an assertion of such power is now tantamount to declaring one's self lacking in experience or erudition."

I am sick and tired of such do-nothing twaddle from the theorist who says nothing can be done for pneumonia because some pessimist (who ought to know better) has said so. Are not our thousands of CLINIC readers, some of whose testimonies as to the possibility of cutting short these diseases may be read in this number, "competent members of the profession?" You must pardon me, Dr. Russell, we're on the firing line. We are giving and supporting personal experience, not hearsay.—ED.

NO UNCERTAINTY HERE!

That pneumonia is amenable to treatment and remedial, I have no hesitancy in asserting. And that definite, precise, active treatment will frequently abort or jugulate, I have certainly had sufficient evidence to confidently believe, if I have had reason to believe in the proof of the curability of any condition or disease that may attack or invade the human body. It is true some not only may die, but will die and do die. When the more vital organs are so diseased and worn out as to be incapable of sufficient function even with proper and well-directed assistance, and cannot respond to hopeful stimulation, nothing short of new organs and apparatus can avail, and these we cannot furnish. The case is hopeless.

But given any reasonably strong body, a system and heart strength where practical functionating power remains, pneumonia is curable in proportion as the remedies indicated are exhibited. Gravity is lessened, duration of disease shortened in proportion as the circulation is balanced up and the more nearly practically normal working conditions are produced and maintained.

The disease is aborted or jugulated in direct ratio to the early institution of remedial measures, and as we push these to their required effect. If strychnine and digitalin, veratrine and aconitine are used according to whether the case is asthenic or sthenic, the vasomotors and nerve centers equably poised, the system brought to a relatively normal condition, either type may be quickly changed, the element of gravity eliminated, and if the alimentary canal has been disinfected by the use of c. p. sulphocarbolates with their systemic effect, or deteriorating depoisoning effect in the blood, we have recovery, unhesitating and complete *in every instance.*

I have just had two cases which do certainly go to prove what efficiency is in this treatment and how a little vasomotor help may save life. One case of lobar pneumonia of the base of the left lung on this treatment was discharged the fourth day, up the sixth, complete recovery in a few more days, appears perfectly well today.

Another case: The patient lay eight days without treatment. Indications of considerable gravity. I gave only strychnine arsenate and digitalin, expecting to see the case again in the morning. But the case improved so much they thought they would save the doctor's fee and sent me word to come only when called.

The value of digitalis in vascular collapse in pneumonia is very decided; no drug that can take its place.—Le Fevre, *Med. Record.*

Pneumonia: Early stages that in which fearless and intelligent use of active measures conduces to greatest good.—Le Fevre.

Medicine gave out, called again in two days. I could not put him on proper treatment unless I was to see the case as I thought needful. So I gave strychnine and digitalin with sanguinarine nitrate. He improved so much they thought I would not be needed again. Medicine gave out in about two days, and the patient got worse. I called again, more lung being invaded, still I was only to come when called, so I gave strychnine and digitalin again with a very little aconitine on account of fever rising. The patient promptly got better again. When patient got somewhat restless, and uneasy, I was sent for again in about thirty-six hours. I found him getting well, so I just gave strychnine etc., again so as to spot the reason for improvement without mistake, and he got well *anyhow*.

Of course I did not treat this case as I would, had I had a free hand, but surely the evidence of the power for good of these remedies is obvious and indisputable. These people thought that because I had the name for curing pneumonia quickly, that one visit to the patient would probably suffice. But it is necessary to follow closely and fight to hold all the ground that is gained. It is useless and will take up time and space to give particulars. And had I been able to see the case as needful and treat actively and positively, I am earnestly and truly confident from my experience and from remedial effect manifested in individual cases from the little vasomotor helps that were given, that in three days' convalescence could and would have been established.

J. R. LANDERS.

Bernadotte, Ill.

There is no uncertain sound in this letter. Dr. Landers uses the alkaloidal treatment in his cases of pneumonia and gets *cures*. No man can expect to cure every case of pneumonia, but let him "follow closely and fight to hold all the ground that is gained," and provided he uses modern methods he will get results that will astonish him and please his patrons. One trouble with the nihilistic plan of treatment—the "expectant" plan so called—is that the physician takes it for granted that he can do nothing; as a consequence he assumes the role of spectator, because there is "nothing to be done." There *is* something to be done—and the people want doctors who know how to *do*. Brother, are you one of the doers—a man of large faith in your remedial agents, a man of resource—and with a spirit which "never says die" while a breath remains?—ED.

HOW NEWTON HAD PNEUMONIA.

"You're surely not going out this morning, Mr. Newton?" and the young landlady looked anxiously at her "star boarder"—the minister.

"Why not, may I ask, Mrs. Haply?"

"It's so rainy and I heard you cough in the night."

"Oh! I never let a little rain stop me. As for coughing, I was probably clearing my throat. Just a slight irritation."

"Mr. Newton, you are really looking miserable, this morning," from Mrs. Berry near the end of the table, a motherly old lady with one eye. "If I might advise I would say 'stay in the house this whole day.' If Mrs Haply has no objection I'll fix you up some lemon and honey for your throat. I vow you won't

When vasomotor paresis precedes that of other centers, forbidding strychnine, use digitalis, ergot or suprarenal.—Le Fevre.

Pneumonia: In cases of respiratory failure, atropine and cocaine can stimulate respiratory center. I prefer cocaine, in nose.—Le Fevre.

be able to croak by the next Sabbath."

"My brother John," piped up the old maid from the other end of the board, "always had trouble with his throat—Brown's kitis the best doctors called it—and I really am an adept at treating throats." As she rose from the table she dropped a stiff courtesy and her eye glasses at one and the same time. "Mr. Newton, allow me to offer my assistance in a purely missionary spirit."

The young druggist near the center came to the rescue:

"If Mr. Newton will stop at the store with me as we go down I'll give him something that will relieve his throat in a very short time."

Mr. Newton arose abruptly from the table hiding his annoyance as best he might. Turning to the ladies in his most polished manner he said: "My dear Mrs. Haply, my dear Mrs. Berry, my dear Miss Brown, please accept my sincere thanks. I have never been ill a day in my life" (He thought to himself, "I might be if I should take all the stuff they would enjoy poking down me.") Turning to the young druggist with the Christy face.

"I'll accept your offer to walk with you, my young friend. Good morning ladies," and with quick, determined steps he escaped from the breakfast room.

The young druggist caught up with him at the gate.

"I believe you were trying to slip me too. Don't be alarmed, I just wanted to get you out of that mess. I won't give you a drop of dope unless you say so. But you do look tired out, sure enough."

"Thank you, my friend, I do not doubt I look tired out *now*. Felt all right before that tirade. Some day when I am sick I may take advantage of your offer, but not this morning. Don't need it."

"Well, I drop off here. If you need anything 'phone me" and the young clerk disappeared into a drug store as Newton exclaimed in a slightly irritated tone, *"I tell you I'm not sick."*

Boarding a crowded car his feelings were not soothed by the prospect of swinging to a strap for a mile or two. Feeling his coat pulled from the rear he turned to face an old college chum.

"How are you, Newt, old fellow? Hardly knew you you've grown so thin."

"Just been working hard and have a slight cold. Don't amount to much, but the whole world seems combined to put me to bed with pneumonia whether I will or no."

"Well, must get off here. Glad I saw you. Better take my advice and see a doctor. That cough's bad."

"What's the use," thought Newton, "of making such a fuss over a common every day cold. Won't let a fellow stay well when there's nothing the matter with him."

At noon his landlady, the motherly old lady with one eye, and the old maid, separately and collectively declared "he was looking much worse."

Calling on his organist after lunch he was met with:

"My dear Mr. Newton! What on earth has happened. You look positively ill."

"I'm not feeling just myself, Mrs. Bell. Have the headache and a pain in my chest."

"You'd better go straight home and take a nice good sweat between blankets." Blankets were Mr. Newton's pet aversion.

Persons whose normal blood pressure is very low do not bear pneumonia well; right cardiac dilation occurs early.—Le Fevre.

Pneumonia in low blood-pressure persons: Digitalis with aconite early slows heart, restores vascular tone.—Le Fevre.

On his way to dinner he stopped to see the young druggist with the Christy face.

"You'd better let me fix you up, Mr. Newton. You need something."

"I believe I do. I'm afraid I'm really going to have a siege of *something*."

"Probably old maids and widows," thought the clerk.

At dinner he ate next to nothing, only speaking to reply, in a doleful tone, to the remarks on his health with, "Yes, I'm feeling a little under the weather."

By nine o'clock he was convinced he was really ill, and was more anxious than his persecutors to have the doctor called.

The two widows and the old maid pronounced it, "Pneumonia, double to be sure."

They fell to with a will and were increasing in their labors, filling hot-water bags, making hot drinks and mustard plasters.

It is true the poor man rebelled at being rolled in blankets while dripping from the mustard bath and almost forgot his ministerial character in giving vent to various exclamations of disgust.

Just as he was properly adjusted, plastered, and steaming like water at the boiling point, a messenger arrived to say: "Mr. Newton is wanted at once. Mike, one of his mission boys is dying."

"But he's got pneumonia," pleaded Mrs. Haply.

"He has asked for him" was the reply.

"That settles it," exclaimed Mr. Newton, decidedly unsettling it by throwing hot water bags, plasters, etc., to the four winds.

"The doctor's been called" chimed Mrs. Berry.

"You'll die," moaned the poor old maid.

But he didn't and is still living to tell how he had pneumonia.

NANCY H. BUSKETT.

Hot Springs, Arkansas.

THE DOSAGE OF SPARTEINE.

Since the publication of my article on Sparteine in the November CLINIC I have received many letters asking questions about certain statements made therein. Some have asked if the printer had not made a mistake as to the dosage, others have called attention to the statement made by certain authors as to the toxic properties of the drug and asked if the dose of two grains would not be a dangerous dose. Others have had trouble in finding the drug at all and many others have tried to get tablets of suitable size but of course these have not succeeded as no such tablet has been on the market. Others have asked what manufacturers' product I used, etc., etc.

I have replied to all of these inquiries as promptly as possible but I thought it would not be amiss to write a short note for THE AMERICAN JOURNAL OF CLINICAL MEDICINE that might serve to still further direct the attention of the profession to this useful agent.

There was no mistake in the article and the dosage of spartine is correctly stated. Two grains is a perfectly safe dose for an adult and it is certain that the drug has no toxic properties when administered in that size dose even at intervals of two hours. The statement made by some authors that the drug is a poisonous one and is liable to develop toxic properties is, I believe, made on purely speculative grounds and because

Pneumonia in low-blood pressure: When other medullary centers show exhaustion, use strychnine with digitalis.—Le Fevre.

Digitalis should be given in pneumonia for definite purpose; not in large doses for specific action.—Le Fevre.

of its supposed similarity in its effects to digitalis. I have been unable to find the record of any study of the drug that would warrant such a statement. The broomcorn seed, which doubtless contains as large a proportion of the active principle as any other part of the plant, is used as feed for chickens, hogs and other animals. The blades or leaves are stripped from the stalks and used as fodder for horses and cattle. It would seem that if this agent had toxic properties to any marked degree it would show some such effect on these animals, but it does not do so.

In attempting to determine the correct dose I pushed the drug in many cases to three grains every two hours with no ill effect whatever; however, I found that a dose of two grains every four hours was a sufficient quantity to establish and maintain the full remedial effects of the drug, therefore I consider that not only the safe but the proper dose.

In reply to those who have asked about the preparation used, will say that I have used Merck's, Mallinckrodt's and Powers and Weightman's sparteine sulphate and have found them all reliable. I would use the drug made by the Abbott Alkaloidal Company, Squibb or any reliable manufacturing chemist with equal confidence. I buy the drug in ounces just as I do my quinine and either make a solution for hypodermatic use—2 grains to 20 minims of water —or give the drug in powder or capsules.

I have taken up the question of making a tablet or granule of suitable size with The Abbott Alkaloidal Co. and I feel sure that they will soon be able to supply them. I have asked them to make a tablet or granule the following sizes: 1-2, 1, 1 1-2, and 2 grains. The 1-2-grain tablets will make a dose of suitable size to be given to children of from eight to ten years of age.

I am also endeavoring to have some other salt of the drug made that will be less irritating when injected hypodermatically than the sulphate is. When I receive a sample of such a salt I will make thorough tests of it and report the results.

I am anxious that the profession become fully acquainted with this drug and its proper dosage, because it fills most perfectly an indication in the treatment of many diseases that is not met by any other remedy or combination of remedies. I feel sure that by its proper use a very marked reduction can be made in the mortality from pneumonia and that would be enough to commend it to the careful consideration of the profession even if it was not useful in the treatment of other diseases.

In my estimation this agent should be classed with our most useful remedies, near the top of the list, with such remedies as calomel, quinine and strychnine.

Wishing THE AMERICAN JOURNAL OF CLINICAL MEDICINE greater success than even its promoters have dreamed of, and, with a word of good cheer for the CLINIC family, I am,

Very truly yours,

GEO. E. PETTEY.

Memphis, Tenn.

—:o:—

There seems to be no doubt that sparteine is one of the most valuable heart tonics that we have, provided it is used

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That ergot contracts arteries conceded; whether by vasomotor stimulus alone or peripheral action also undecided.—Le Fevre.

Specially valuable in pneumonia with low tension is ergot; action restricted to vasomotor centers and vessels.—Le Fevre.

in suitable doses. The contention of Dr. Pettey that the doses ordinarily employed are too small, should receive careful examination. Personally we have no doubt that he is right, for his statements are the result of years of careful use of this remedy—and he undoubtedly employs more of it than any other man in this country, if not in the world. When, therefore, he pronounces it the ideal heart tonic, his opinion is worth a great deal. It is highly probable that the difference in results, as reported by different observers, was due to impurities in certain preparations.

According to Dr. Pettey, sparteine combines in a peculiar way, the virtues of digitalin and veratrine. Like digitalin it slows, steadies and tonifies the heart, but instead of increasing the work of the heart muscle like digitalin, by constricting the arterioles, it reduces the blood pressure by producing mild vasodilation, in this respect resembling veratrine. This peculiar combination of properties should make it extremely useful in pneumonia, where it acts somewhat like the dosimetric trinity. But, it may be added, that possibly sparteine is only an apparent heart tonic—acting somewhat like glonoin, which diminishes the arterial pressure and gives the heart less to do.

We wish to urge our readers to try this valuable remedy, following the classical rule to give "to effect", as recommended by Dr. Pettey. Increase your doses carefully until they equal his and note results. Then send in your reports. —ED.

THERE'S A REASON.

I had made up my mind to discontinue taking your journal for two reasons, principally. In the first place, when, during the early part of the past year, I made some attempt to take up and follow out your ideas of practice, I did not by any means meet with the phenomenal success that one is led to expect from the glowing accounts given in the extravagantly-expressed letters of most of the wildly-enthusiastic and cocksure writers in the journal, when I used to read it as faithfully as I had time to do. Next, I feel that I am too old, to make the (almost) complete change that this would call for (if not too old, then at least too stupid) to give myself thoroughly, heart and soul, to the exclusive practice of this system. I suppose it is stupidity rather than age, as Dr. Abbott and others reiterate that it is as easy as "A B C." I cannot find it so.

But, when I get a chance to read something in the journal now and then, I find *some very interesting articles,* even to me, and I particularly like the tone of the January number from what little I have read of it. I purpose to read it further, and when I come to the places where the chanticleers clap their wings so hard, and crow so lustily as to be bewildering and depressing—not to say disgusting—to one who is not able to enter into or to understand, or perhaps entirely believe in, the state of ecstatic exultation in which they perpetually exist by reason of having obtained perfection in the exercise of their profession—Why, when I come to those articles I can skip them.

So please continue the journal.

H. T. H.

New York City.

Long use of alcohol depresses vasomotor center; abnormal capillary circulation in pneumonia, lividity not cyanotic.—Le Fevre.

Pneumonia: In many alcoholics, strychnine unduly excites; alcohol and narcotics with ergot for bad effects.—Le Fevre, *Med. Record.*

We note with interest what you say as to the apparently undue enthusiasm manifested by some of our readers. Doctor, please consider for a moment the following suggestions: The CLINIC goes to 40,000 physicians monthly. Think of the differences to be found among these men. That which carries a favorable message to you might not appeal to many of the others. It is incredible how loudly you must shout in the ears of some of these men before you attract their attention. Then again, the experience of men with the new drugs must vary; some have acquired such success in handling the old ones that there is not much room for improvement; this I am inclined to think is the case with yourself. Others find a difficulty in altering their methods of dosage so as to get the improved effects from the better weapons. Dosage for effect seems to be like Chaldean to many men, they cannot learn it. The old vicious system of level dosage and polypharmacy, prevents the change to single drug action by many.

Doctor, take the case of a man who has lost every case of croup until he gets calcium iodized, and then saves nearly every one, possibly his own children being mixed up in this experience. Can you wonder at his enthusiasm? Take my own experience in the use of pilocarpine and its absolute control over sthenic erysipelas; and the absolute control exerted over gonorrheal rheumatism by the c. p. sulphides; and by chromic acid solutions over diphtheritic epistaxis; and the perfect control over intestinal manifestations in typhoid fever and cholera infantum by the sulphocarbolates. A quarter of a century without a death from these diseases, or from pneumonia. This elimination of thirty per cent of the symptom-total in all fevers, obtained by emptying and disinfecting the alimentary tract; twenty-five years' treatment of gall-stones with sodium succinate without a failure, and cure without an operation. When such experiences come to a man, can he help being enthusiastic over the possibilities of an exact, true therapy?

But there is in truth a tendency to over-enthusiasm, which is due to the fact that so very few of those who read the CLINIC complete the circuit by writing and telling us how they are affected by it; and their silence giving the impression that their attention has not been attracted, the tendency to shout louder is certain to be felt.

If you feel further interest in the matter I should be glad to hear from you again. In the meanwhile let me ask if you have a copy of the "W-A Alkaloidal Therapeutics." This is the book we have prepared for men like you. In it each drug is studied scientifically and all that is known as to its physiological effects and therapeutic action is plainly told. If you haven't it I would like very much to send you a copy on approval.—ED.

"WHOLESALE POISONING"—AND OTHER THINGS.

In the October CLINIC I read a treatise by Dr. C. F. Wahrer under the above title, also the discussion on the same by Drs. Waugh, Percy and Boice. Not being able to make a decision on the evidence offered I passed it over, waiting for further evidence to be offered for or against, as the case might be.

Pneumonia: Suprarenal quick and brief; for sudden vascular collapse, camphor, ammonia, Hoffman's anodyne.—Le Fevre, *Med. Record.*

Pneumonia: Opportunity to conserve strength occurs early; no case to be given up until dead.—Le Fevre, *Med. Record.*

In the December number of the same publication it came, from the pen of Dr. R. G. Eccles, in which he makes a brave fight, but like the former quartette, he has made the mistake of flying off to the extreme limit of the tangent, while his opponents made the mistake of sticking too close to the center; the editor in his comments on Dr. Eccles' reply, made a happy hit by swinging from the extreme tangent, taken by the Doctor, toward the center or half-way grounds, where all differences of necessity must be met, to be amicably settled.

Preservatives are preservatives and are very necessary in this day and age of the world, where it is next to impossible to obtain a fresh supply on every occasion where the article may be in demand. But adulteration is quite another thing and is uncalled for under any condition whatever.

When it comes to making laws to regulate this nefarious business, we find ourselves up against the foot of something stupendous, for there are wise heads on either side of the dilemma, who are capable of picking to pieces any proposition advanced by the other; this has always existed and will to the end of time.

How can we regulate this matter? Easy enough when you know how: Education will accomplish it when everything else has failed.

This brings me to where a quotation will fit in admirably; I do not know who is the author or where it came from, but "it listens," as the Dutchman said, like Roosevelt: "Overlegislating is one of the damning evils of our times. It robs our pockets, curtails our liberties, enriches corruptionists, bleeds business interests, multiplies political paupers and debauches the commonwealth. Let every honest reader help to swell the sentiment against this pestiferous interference with the rights of citizenship."

Let me add also, that nearly forgotten or wilfully downtrodden paragraph, by most of the states, which guarantees to each of us, "life, liberty and the pursuit of happiness." This with the condition of course that we obey all wholesome and equal laws.

This being the 1905th anniversary of the birth of the most notable personage that ever existed, leads me to further remark that there were noted physicians previous to his time as there have been since, but he of all was the greatest, being able by the touch to heal all manner of diseases both physical, mental and what not. Aye, even more, one poor wretch, not being able to reach the desired hand of the healer, touched the hem of His outer garment and lo, she was made whole.

This man, so far as we know, did not have the benefit of an education, primary, academic, university or medical, yet the wise men marveled at his knowledge. Yet all this learning he attained between His birth, in the manger at Bethlehem, and His ignominious death on the cross at the hands of a mob, because of the indecision of a weak and wavering judge. The rank and file were against him; he did not have to have a license to do good in those days, but he could accomplish the things that they were unable to, and it made them mad and jealous, and they "fixed" him.

This same principle is just as rife today as it was 1905 years ago. Give a party, man, or any organization power

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Ste. Phillippe reports favorably on arsenic iodide in treating 200 cases of scrofula in infants.—*N. Y. M. J.*

For combating collapse and circulatory failure in pneumonia strychnine and atropine undoubtedly rank highest.—Hare, *N. Y. M. J.*

sufficient, and they will use that power to crush all lesser lights, not coinciding with their particular views and schemes. This means us, i. e. the medical profession as well as others.

To illustrate: I am a regular physician; a man comes to me with a severe affliction; of course, he thinks that I am all right for I am the proud possessor of a license to practise medicine in one or perhaps a dozen or more states. I also am a little biased in my own ability to cope with the diseases to which humanity is heir. I look him over carefully, arrive at a diagnosis, roll up my sleeves and go in to accomplish a speedy cure. But, lo! at the end of the first round I find myself defeated and the trusting patron much worse; but I am used to that, and I back off and come again. Same result, with patient still worse. Things are becoming desperate; but three times is the rub, so I give him that, but it is no go. I agree to counsel. Dr. A. is called; we put our store of light and knowledge together, which we will say for the sake of politeness is up with the average, then we give the patient the benefit of a double-header, once, twice, three times, and our patient still going steadily toward that realm from which no traveler returns.

By this time things are beginning to look desperate, indeed. Drs. B. and C. are summoned simultaneously. Four knowing heads are now combined, and we go over the case carefully; we decide to give him the benefit of our combined knowledge; we open up with our reinforced line of artillery, and renew the attack, once, twice, three times, and are still out. We are then ready for capitulation! We call the sorrowing relatives and friends together, and say to them in as mild and sympathising a manner as possible: "We are at the end of our rope, we have put forth every effort of which we have any knowledge, and we are under the painful necessity of telling you that your relative and friend has but a few more days, weeks, or less time, to live, and if he has any unfinished business to transact he had better be at it."

Thus we leave our trusting patient to his fate and depart. The relatives and friends in desperation think of that old quack, so-called by the regular profession. He is sent for post-haste and in a few days, weeks at most, our poor patient whom we had consigned to death is much alive; and we are mad because he did not die, and Dr. Quack cured him. And ten times out of a dozen, some knowing physician will have Dr. Quack arrested for practising medicine without a license. This thing of persecution by the medical fraternity is being carried on in our state quite extensively, and with few exceptions with the persecution of the quack, but in other cases juries have acquitted the prisoner to the great discomfort of the regular members of the profession.

Somewhere in Holy Writ, it is written: "Ask, and ye shall receive; knock, and it shall be opened unto thee." Now be honest: do you not think that there is such a thing as asking too much, or knocking too loud, or getting too eager to have things come our way? Would it not look better to have someone else prescribe for our ills, as the afflicted are not supposed to be in a condition to prescribe for themselves. The laity are fast coming to the conclusion that we are ask-

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Every doctor owes it to himself and the work he has chosen to make himself a part of the organized profession.—Taylor, *M. W.*

Creagh reports success in tetanus from sulphur in lanolin applied from head to foot and sulphur internally, big doses.—*Med. Times.*

ing all these concessions for purely personal reasons, and do not have the welfare of the dear people at heart, farther than to compel them to patronize you against their free will. Let us strive to follow the example and teachings of that great, meek and lowly physician, born in a manger in Bethlehem, 1905 years ago. This, in the present day and generation, I will admit is a hard task, but let us each and every one, for himself, strive to become as near perfection as possible, asking nothing but a fair, square deal with equal rights to all and special privileges to none.

Now if this effusion should meet with the approval of the editors of one of the best medical journals that comes to my desk, and is published therein, and goes out for perusal by its thousands of intelligent readers, it would please me to receive an expression of approval or disapproval from each and every reader. Am I right or am I wrong?

Simply a postal with the word "right" or "wrong" as may be your decision. Sign your name and send to me.

I wish to say for the information of all doctors that I am a member of the A. M. A, also of the A. M. U., both of which are extremists. I am trying to occupy a medium ground, thereby, I think, advocating a principle nearer right than either extreme.

Z. T. Dodson.

Cleveland, Wash.

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Dr. Dodson is evidently a disciple of the *laissez faire* doctrine—which may mean anything from the conservatism of a John Stuart Mill to the anarchy of a Johann Most: Laws are unnecessary; leave things to Nature and they will adjust themselves in the very best way! While we believe in the highest possible development of the individual, we do not believe in the extreme individualism which places no check upon the desires and vices of mankind. The step from liberty to license is often a very short one.

The picture painted of the poor oppressed quack and the wicked doctors is a very touching one! Possibly there may be occasions similar to this—in which the triumphantly successful quack, who cures when all the regular members of the faculty have failed, is made to suffer for his successes. It would be strange indeed if every doctor were good (as well as successful) and every quack vile (as well as unsuccessful). There is plenty of quackery that masquerades as righteously ethical, and we hate it more than we do the openly quackish. But does that excuse open quackery? God forbid!

The writer knows of an advertising quack in this city, who through a professional "tout" inveigled into his office a farmer from the far west; the man was examined and informed that he had heart disease bad, but the doctor could still save him! About ninety dollars was collected on the spot for examination and a note given for further treatment. Desperate and despairing the poor man still had sense enough to go to another doctor to have the diagnosis verified. He was found to be perfectly well. He was the victim of extortion pure and simple. This doctor has acquired a large fortune —principally as "woman's doctor"—he is an abortionist. Does Dr. Dodson believe in this kind of quackery?

Another doctor who conducts "insti-

Fowls hatched and reared aseptically, fed sterile food, breathing sterile air, lived just 17 days. Others thrived on dirt.—Houghton.

Guinea pigs bred and reared aseptically, fed on sterile food, breathing sterile air, thrived as well as controls.—Houghton, *Med. Record*

tutes" in this and other cities was investigated some years ago. It was found that he practically never visited his Chicago office; this "distinguished specialist" who advertised that he gave "personal attention" to his patients, conducted his work entirely through a hired assistant. Another fraud. One of the methods of this office was to worm out of the patient the amount of money he had with him; the doctor collected all the traffic would bear and then wrote a prescription for a "rare" remedy which could be supplied (so he said) only by the druggist on the floor below. The druggist was given a tip and directed to collect the balance of the man's funds leaving just enough for railroad fare home. Doctor and druggist divided the spoils. What of this kind of quackery?

Did you ever stop to think who these distinguished specialists are? If you will pick up almost any Sunday paper you will find advertisements in the "help wanted" column asking for physicians registered, say in Missouri, pay $50 a month! These are the traveling specialists, the men who conduct the Medical Institutes! They are for the most part men who have failed in practice, either through dissipation or ignorance—but once entering the employ of an advertiser how soon they become "distinguished!" I once had in my medical class a young man whose one distinguishing feature was his oily tongue. So far as I know he never passed in a single branch, though he remained in college several years. It was impossible to beat into his head the ordinary doses and uses of even the commonest drugs. Such a man in any community would be as dangerous as an epidemic of the smallpox—and yet this man bought a diploma from an unsuccessful physician, had it made over by substituting his own name, and went down into Oklahoma and soon became a notorious quack—within a year after he left college! Fortunately the fraud was discovered and he was run out of the country.

The danger of the quack lies, however, not so much in his ignorance, as in the callousness of his conscience. Get a copy of the February *Ladies' Home Journal* and read the story of the quacks who in a little over a year wormed over $9,000 out of a foolish man— and the man was not sick! This firm of fakirs played upon his fears, called in one "specialist" after another, all the time holding out the prospect of "cure," until the last possible nickel was extracted—then they cast him off. This is a sample of the methods of quackery. It fattens on fraud and deception. Shall we let these things go on unrecognized and unpunished?

But possibly Dr. Dodson's only idea of the quack is the man who has failed to secure a license, because of his inability to pass an examination, or one who practises some "system" unrecognized by law. The latter can hardly be the case since most of these systems now have recognition somewhere. Osteopapthy, for instance, is now permissible as a method of treating the sick in a large share of the Union. But how about the unlicensed quack? There are undoubtedly "times and seasons" when injustice is done. We regret these as much as any one can. But we believe that any man with the native ability to practise medicine successfully has also the ability to go about it in a decent way, to secure the legal right. It will

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Intestinal bacteria may be considered normal when they do not overcome the safeguards provided by nature.—Houghton.

Strasburger places the total number of bacteria excreted daily by man at 128 billions.—Houghton, *Medical Record*.

take time—and money. But why should there be any short cuts for you— and none for me? We fail to see why as a matter of abstract justice what is fair for one is not for another. The time is past when a few "yarbs" cut in the back lot and allowed to dry in the woodshed can be considered a sufficient pharmacy —or when a pound of calomel and a mixture of "salts and senna" may be considered a universal panecea. No man can know too much. Life is too precious a thing to be lightly left to the tender mercies of a superstitious granny or an arrogant ignoramus. If you have talent in medicine thank God for it—but don't stop there. The talent must be used, you must add to your store of knowledge, to your skill, or you will be rejected—and you have no right to expect anything else.

Our medical laws are often unfair and oppressive—especially to the old doctor who has "borne the heat and burden of the day"—but we believe a better day is coming when justice shall prevail and every man will be treated as an equal and will be allowed to rest his case on its own merits. We should help to this end. Quackery we have no use for in our societies or outside of them, and we'll do what we can to kill the beast. I am sure that Dr. Dodson himself has no respect for this nauseous thing and that his apparent defense is due to a misconception of what it is and what it does.—Ed.

THOSE STATE LAWS.

An article entitled "Legislative Injustice" in an old Clinic deals with a condition that certainly calls for reform and the Clinic is in a position to be a powerful factor in bringing it about. Let the brethren enter into the discussion over this matter, not only through the medium of the Clinic but through other periodicals, also agitate it in the American Medical and other medical associations and keep at it until eventually justice becomes apparent in all of our state laws in this regard.

It should be possible for any physician who has the endorsement of the examining board of his state to be allowed to practise in a sister state upon presentation of such credentials, not only temporarily but permanently if he so desires, without being obliged to submit to another examination. Such concession would only be common courtesy, not only from board to board, but to the applicant himself and evidence of that fraternity any physician in good standing should accord another.

C. E. Young.

Sioux Falls, S. D.

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This is indeed an exceedingly important matter. In the absence of a national examining board, how would it be if the various state boards would exchange copies of examination papers? One state might say that they would not accept the grade of another state as their own, which might seem to be an acknowledgment of inferiority, since no man wants to say that what is good enough for another is necessarily good enough for him.

But, if the replies were made in quadruplicate, as could easily be done by the use of copying paper, a set of replies could be transmitted from one board to

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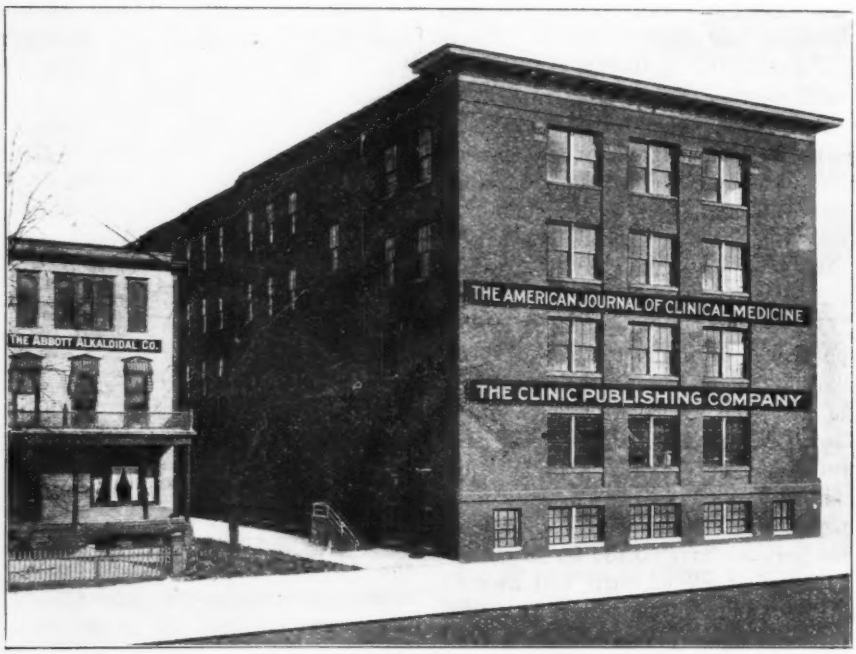
The idea that child-therapy is a failure ought never to have obtained a foothold in the world.—Neal, *Medical Era.*

Woodward and others, while not venturing exact figures, say that the fecal bulk consists of bacteria.—Houghton, *Med. Record.*

another, saving the worry and the time lost while waiting for a board to convene.—Ed.

THE HOME OF THE CLINIC.

On November 9th last the beautiful "Home of the Clinic" was totally destroyed by fire, going down and out in less than two hours. The details of settlement of insurance occupied us so long that the first move to clean up and rebuild could not be made till December 15, over thirty days later; but when we did cut loose there was "something doing."



The Home of the Clinic Rebuilt in Ninety Days

Despite the winter with its frosts and cold, its storms of wind and rain and all other "impedimenta," there it stands Mar. 14, rebuilt in ninety days, bigger and better than ever before; and you of "The Clinic Family" have your share of the honor, for it is your dollars—your support and encouragement, your coöperation that has helped to do it.

In the building before you there are bricks and mortar enough, laid end to end, to reach one hundred and fifty miles; lumber enough to cover an 8-acre field with one-inch boards, which cut into strips one-inch square would stretch 800 miles; 4,500 square feet of glass; over an acre of floor space; and steam pipe enough, placed end to end, to reach two and one half miles.

We are now installing our machinery. It will be run entirely by electricity generated in our own power plant in

Bacillus putrificus is an exquisite anaërobe, only cultivable uncontaminated or with symbiosis of aërobes regulated carefully.

Gilbert estimated the number of bacteria in the intestinal tract of a healthy adult at 411,000,000,000.—*Med. Record.*

connection with the steam for heat, for glue pots, for dryers for The Abbott Alkaloidal Co., etc., all complete the largest and best-equipped medical journal plant in the world.

I have kept you advised of our progress from month to month that you might know just what was going on—just what we are doing, just what we propose to do.

Interest in active-principle medication is rife, is increasing as never before. The circulation of the CLINIC is increasing rapidly, and as the profession comes to realize that our work may be taken at net—that we are honest, that we say what we believe, that we do what we say, and both believe and do what is right, criticism is growing less and less.

But this work is only fairly begun, the great labor is before us; but with your sympathy, your coöperation and helpfulness it will be accomplished.

There's a great work to be done! Therapeutics *must* be put on a stable, definite, dependable foundation; and when the masses of the profession take hold to pull (they're playing with the rope now) it will be done. Buckle to! We're doing our level best. HELP ALL YOU CAN!

Drs. Abbott and Waugh.

INTERNATIONAL MEDICAL CONGRESS.

The next session of the International Medical Congress is to be held in Lisbon, April 19-26. It is to be hoped that many Americans will attend. Dr. John H. Musser of Philadelphia is the chairman of the national committee and the secretary is Dr. Ramon Guiteras, 75 W. 55th St., New York to whom all applications for membership should be addressed. Dr. Charles Wood Fassett of St. Joseph, Mo., is arranging for a party of medical men to sail on the North German Lloyd steamer, *Koenig Albert.* Write him for reservations and for hotel accommodations in Lisbon.

THE "SQUARE DEAL"—IS THIS MAN GETTING IT?

Thinking you may be interested or entertained, I am enclosing the list, or "grind," seventy-three of us poor doctors had dealt out to us in January at the Washington State Board examination, 25 per cent of whom got left, yours truly being one of the unfortunates.

Practicians of ten or more years' standing are required to have 70 per cent to pass and on a very conservative estimate, I think I should have been entitled to 75 per cent at least, but instead I was cut down to between 68 and 69. I think you will agree with me that it's far from a practical test and especially for one in practice for eighteen years in two states.

I came out here in poor health and have gained much, but haven't funds to get out of the state. And in trying to begin all over again and fighting down many obstacles over every step of the way, I am only fearful that this will climax my troubles and put me down again and "out of the game."

There should be a national law or reciprocity act, but a poor sinner like me could hardly hope to bring it about and in the meantime a select few can go on heaping all kinds of hardships on men in my position, saying nothing of what it means to our families, thousands

Autosterilization seems to be an attribute of the mucosa of the small intestine; not of the colon.—Houghton, *Med. Record.*

The most rigorous regime of starvation, cathartics and enemata fails to empty the cecum of its germ-laden contents.—Houghton.

of miles away, whom we are striving to provide for and eventually reunite.

There is not a member on this State Board whom I would hesitate to sit down with to pass a really practical examination.

———————.

——, Washington.

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We give it as our opinion that almost any of us who have been in active practice for many years without brushing up in the more technical branches would be in just about the same boat as this doctor, who nevertheless is an able practician and a conscientious man. Candidly, Brother, do you think *you* could pass such an examination now? (It was hard —we'll testify to that.) Is this the "square deal" which every good American demands and promises to give the other fellow.

Medical practice legislation has become a necessity, to keep the colleges up to the mark and to keep callow incompetents out of the profession; but radical reforms are needed. Reciprocity in registration has become a burning necessity, and it is time that we commenced to fight for it.—ED.

SURGICAL CONSERVATISM.

I wish to say that it's rather amusing to us plain country doctors to read such articles as the one in the February CLINIC by C. P. Thomas, M. D., surgeon to St. Luke's Hospital of Spokane, Washington. One would conclude the doctor is red-headed and tempered like Damascus steel, after reading how he roasts the country doctors on their way of practising conservative surgery.

We have heard that those who live in glass houses should not throw stones. Our McKinley had an early diagnosis and operation, the ex-secretary of the navy had an early diagnosis and operation, our lamented Dr. Harper had an early diagnosis and operation. One could enumerate cases almost without number as above. I wish to say if it were not for the country doctors it would be a pity for the city fellow. For almost all the really "bright lights" we have in the cities in medicine and surgery got their knowledge while practising in the smaller towns and in the country. I have been surprised, when doing post-graduate work, to see how little attention our noted surgeons pay to therapeutics.

Dr. Waugh's article on "reviving therapeutics," in our January CLINIC is very timely. There seems to be a fast growing craving on the part of surgeons for more business and they show it in their papers, blaming the physicians for not sending more cases for operations. We have an example of the above in an article by Dr. William D. Haggard, Nashville, Tenn., in the *A. M. A. Journal*, January 27, quoting Penzoldt, "that if physicians do not coöperate with surgeons the latter will find the means of acquiring the diagnostic skill necessary to diagnose internal troubles and do without them." I believe a majority would just as leave trust a good physician who is a modest conservative surgeon as a good surgeon who is a poor physician.

W. E. MOORE.

Derby, Ia.

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The real truth lies in the middle ground between the opponent extreme positions taken by both Dr. Thomas and

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Enterotoxismus is the price which humanity pays for its artificial environment and urban congestion.—Houghton, *Med. Record.*

Jansens found an imbecile who has an extraordinary memory for dates; which makes us feel better—we can't remember 'em.

Dr. Moore. The day of the extremist is over; we are each beginning to recognize our brother, the enemy, and when we come to know him we'll be surprised to find that he's a good, true-blue fellow after all.—Ed.

DEATH OF CHARLES CHANTEAUD.

Charles Chanteaud the first manufacturer and perfecter of the soluble yet non-hygroscopic alkaloidal granule, departed quietly this life December 10, 1905, in Paris, France, aged seventy-six years.

The father of alkaloidotherapy was Dr. Adolph Burggraeve of Ghent, Belgium, who died in 1902, aged ninety-six years, and the father of the alkaloidal granule was Charles Chanteaud of Paris, France, who is as justly styled, the founder of dosimetric pharmacy, as the former is justly styled the founder of dosimetric practice.

The pharmacist comes necessarily after the efficient physician, but neither could the latter come on at all without the assistance of the former. It is only in an age where everything in life is perverted, blessings turned into curses, shame to honor, and ignorance boasted of as wisdom, that the pharmacist becomes unfaithful to the very creator of his calling, the efficient physician. It was not so with Burggraeve and Chanteaud. In 1871 Burggraeve came to see Chanteaud at Paris, and explained to him, the skilful chemist and pharmacist, his therapeutic doctrines, method and ideas, which however were "irrealizable with the ordinary medicaments then alone in vogue, yet which could be made to mark an immense progress in the art of healing if these ideas could rely upon an efficiently appropriate pharmacy."

Chanteaud, then a retired pharmacist after fifteen years of successful practice, accepted the task and became associated with Burggraeve in the grand enterprise of practical alkaloidotherapy.

In 1878, on January 27, Burggraeve wrote to Chanteaud from Ghent, among other things the following acknowledgment: "The aim which we are seeking to reach is at the same time humanitarian and scientific, and without your intelligence of things and your devotedness I would not have been able to succeed. . . . . Keep, therefore, this letter in your family archives as your best title to the acknowledgment made."

Charles Chanteaud kept faith to alkaloidotherapy to the last, and had at home and abroad a host of physicians, whose sincere friend he always was, who continued to admire his noble life's devotion to the humanitarian and scientific cause of alkaloidotherapy, and they will continue to do so.

We regret to conclude this obituary with acknowledging, from all we know up to this time, that in the case before us, it was the physician Burggraeve who through senile aberration and human failings became unfaithful to his best and steady friend and co-worker, Charles Chanteaud the Pharmacist.

They are both now in the all-equalizing Great Beyond, and we the survivors on the field of action can not but take warning from both the rights and the wrongs of the departed ones who taught us in medicine only that which is good and useful and call after them, "Rest in Peace! You who

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Early stage of acute anterior poliomyelitis: Fever, sore muscles, cries if touched, motor palsy legs or arm 2d day.—Sanger Brown.

Early acute anterior poliomyelitis: Abdominal pain on jolting; stupor two days later; arms palsied later; meningitis symptoms.

did nobody any harm, and you to whom—no! you too hurt nobody."

E. M. EPSTEIN.

Chicago, Ill.

PRELIMINARY PROGRAM, TRI-STATE MEDICAL SOCIETY.

For the June meeting of the Tri-State Medical Society of Illinois, Iowa and Missouri the following papers have been promised:

Abdominal Operations Under Local Anesthesia—Dr. F. C. Witherspoon, St. Louis, Mo.

Treatment of Acute Insanities in a General Hospital—Dr. D. R. Brower, Chicago, Ill.

Two Cases of Brain Surgery—Dr. H. C. Mitchell, Carbondale, Ill.

Abuse of "Patent Medicine Whisky," by the Laity—Dr. C. F. Wahrer, Ft. Madison, Iowa.

The Pilocarpine Group—Dr. W. F. Waugh, Chicago, Ill.

Personal (and Hearsay) Experiences with Proprietaries, Patents and Consultants: Good, Bad, Indifferent and Not-Worth-a-D—n—Dr. W. C. Ussery, Paris, Ky.

Fallacies Regarding the Regulation of Prostitution—Dr. Alfred de Roulet, Chicago, Ill.

Epilepsy—Dr. Marc Ray Hughes, St. Louis, Mo.

Phlebitis vs. Appendicitis—Dr. J. F. White, Freeport, Ill.

Simplified Method of Cesarean Section—Dr. Emory Lanphear, St. Louis, Mo.

The Drug Treatment of Tuberculosis—Dr. Geo. F. Butler, Chicago, Ill.

Sudden Death During or Shortly after Parturition—Dr. Tinsley Brown, Hamilton, Mo.

President's Address—Medical Evolution Dr. W. C. Abbott, Chicago, Ill.

Physiologic Therapeutics of Hypertension and Hypotension—Dr. J. H. Kellogg, Battle Creek, Mich.

Surgical Treatment of Diffuse Peritonitis, with report of Cases—Dr. John Young Brown, St. Louis, Mo.

Some Observations on General Paresis of the Insane in Women—Dr. Anne Burnett, Mt. Pleasant, Iowa.

Membranous Enteritis—Dr. Alfred S. Burdick, Chicago, Ill.

To Operate; or Not to Operate in Appendicitis—Dr. J. J. Brownson, Dubuque, Iowa.

Medicine: Its Dignity and Virtue, How Sustained—Dr. L. A. Glaze, Grayville, Illinois.

The Present Status of Electricity in Medicine—Dr. C. S. Neiswanger, Chicago, Ill.

Teaching Hygiene in the Public Schools—Dr. Jennie McCowen, Davenport, Iowa.

Tumors of the Scrotum—Dr. D. W. Basham, Wichita, Kans.

A Plea for More Simple and Scientific Therapy—Dr. R. G. Neff, Farmington, Iowa.

Recent Advances in Ophthalmology—Dr. James Moores Ball, St. Louis, Mo.

Cancer of the Uterus—Why the Surgeon Fails to Cure It—Dr. Emil Reis, Chicago, Ill.

Clinical Value of Blood Examination—Dr. E. W. Meis, Ottumwa, Iowa.

Surgical Treatment of Puerperal Pyemia—Dr. C. O. Theinhaus, Milwaukee, Wis.

Incising and Sutering the Liver—Dr. Jacob Frank, Chicago, Ill.

An Aztec Representation of Leprosy—Dr. A. H. Ohmann-Dumesnil, St. Louis, Mo.

Mineral Springs of Illinois, Iowa and Missouri—Their Therapeutic Possibilities—Dr. George Thomas Palmer, Springfield, Ill.

Title Unannounced—Dr. Carl Beck, Chicago, Ill.

Modern Management of Summer Diarrheas—Dr. W. L. Ellis, Grayville, Ill.

When Should We Operate for Infected Fallopian Tubes—Dr. Felix William Garcia, St. Louis, Mo.

Early ac. ant. poliomyelitis: Vomiting, fever, clonic spasm right face, palsy left arm and leg, skin and tendon reflexes gone.—S. Brown.

Early ac. ant. poliomyelitis; Weak, anorexia, fever, knee pains, went to shoulder with sweating, palsy followed on 3d day.—Brown.

Title Unannounced—Dr. H. O. Crowell, Kansas City, Mo.

Title Unannounced—Dr. Lily Kinier, Dubuque, Iowa.

Sigmoid and Meso-Sigmoid in 700 Autopsies—Dr. Byron Robinson, Chicago, Ill.

Does "Conservatism" Pay in the Treatment of Chronically Inflamed Uterus and Tubes?—Dr. John C. Murphy, St. Louis, Mo.

The Clinical Significance of Chronically Enlarged Tonsils—Dr. C. A. Boice, Washington, Iowa.

Tubercular Arthritis—Dr. Jacob Geiger, St. Joseph, Mo.

Prostatectomy—Dr. F. Kreissl, Chicago, Ill.

For further information concerning this important meeting, read the editorial on page 435.

FATHER EPSTEIN SUGGESTS A NEW WORD.

It is March the 17th today, St. Patrick's day, and as usual it is my birthday; but this year it is not like my past birthdays, for this is my seventy-eighth one. And as I am thinking of the beginning of the end of human life, I was thinking also of the long ago beginning end of it, the childhood end, for surely what we call visible life has two ends, even if this visible life be but an arc-section of our endless invisible one.

Now that long ago end has, medically speaking, a classic terminology, viz., "Pediatry," which means the medical treatment of childhood, and which should be, what it ought to be, both prophylactic as well as nosologic. But what is the word for the medical treatment of old age? Do you know, my dear editor? I don't, but shouldn't there be one? And lest anyone slash on the so often misplaced "pathy" to the Greek noun for old man, which is "geroon," and coin such a monster as "gerontopathy," which would only favor Metchnikoff's idea, that old age is a disease, a "pathy," I propose, Sir, on this my birthday, the word "Geroiatry," meaning "treatment of the aged." Thus we have a like medical terminology for the two ends of human life, viz., "Pediatry" and "Geroiatry."

Please, dear sir and brother, to put this to the vote of the CLINIC family, and believe me just what I am,

OLD FATHER EPSTEIN.

Ravenswood, Chicago, 1906.

A PERSONAL EXPERIENCE WITH BUBONIC PLAGUE.

Herewith I give my own experience with bubonic plague. I hope you will kindly find space for it in your valuable journal.

I had suffered twelve years from a very large liver abscess which was due to great violence on my part, when my liver was congested, in extracting a supernumerary tooth from a young, robust coolie. I was kept in bed for six months. The abscess was opened at T. T. Hospital, Bombay. Some 120 ounces of pus came out on the first day. An opening in the median line between umbilicus and ensiform cartilage was made and a counter opening on the side of the chest. A drainage tube one-half inch in diameter was inserted. It was there for three months and the abscess cavity healed beautifully.

Since then my general health has been broken, still I carried on an active practice and since the appearance of plague in India I have directed all of my energies to prove the proposition put forth

Early ac. ant. poliomyelitis: Headache, malaise, insomnia, leg pain, motion impaired, legs and bladder palsy next day.—S. Brown.

Acute infection, child or young adult, late summer, or early fall, suggest onset of acute anterior poliomyelitis.—S. Brown, *J. A. M. A.*

before the Indian Government by one Mr. Gumpel, an electrical engineer in London, that the great havoc in India from plague is due to lowered national salt consumption and that salt water (normal saline solution) would be the best plague preventative in an infected community. For the last five years I have been preaching Mr. Gumpel's mission in India at least two months in the year, spending the remaining nine or ten months in private practice.

At the beginning of this year I had leisure, as I had to watch only one case, in a jungle. I took the CLINIC literature in hand and read with great delight Shaller's Guide and went through the articles in the Alkaloidal Digest. I was so much convinced by theory of the action of calcium sulphide, nuclein, aconitine, etc., that I took a vow never to touch again the old crude drugs. My sister who was given up by Bombay physicians as tubercular was treated by me by high saline enemas and massage which improved her a good deal, and then after your advice and a supply of medicine came to me I put her on pure nuclein, which gave her good tone.

So far everything was stimulating my mind, but in two months terrible family calamities fell upon me. I had left for Bombay with an intention of preaching exact therapy and salt physiology but very soon after my arrival in Bombay I learned that my elder brother was down with the plague at Kolhapur. I went back and found him pulseless and dying. Still, for seventy-two hours I played on his body with calcium sulphide, triple arsenates with nuclein and hot brine baths. I could observe in his case the action of sulphide. After administering 1-6 grain he was clear-minded for at least half an hour. With triple arsenates and nuclein, his mind would become clearer, but it did not restore speech and he died a calm and quiet religious death. With every breath for the last half-hour he would utter distinctly the name of the national Hindu god, Rama. The greatest ambition of every Hindu is to utter this name at the time of death and to join one's own spirit with Rama.

My younger brother was at Poona. He was wired before the death of my elder brother. He had been very much worried for the last year by business anxieties and he fell a prey to plague three or four days after my elder brother. I had my old mother of seventy. She practically gave up her food and died within one week. I lost one more soul in my own family, the youngest son of my elder brother. My youngest son, two years old, was down, but he recovered under high saline enemas, vapor bath, calcium sulphide and brine baths. The wife of my younger brother who died was down with the plague but she recovered under the same treatment. I must add that my younger brother being of a religious mind did not believe in any medication and did not take any medicine until he was unconscious.

I have given this long history for one reason, to show how seriously my mental system was shattered. I was very low in spirits and I was thinking of going on the tour for change of scene and for preaching my mission. I had fixed the 5th inst. as the day of my departure, but on the 3rd inst., a young graduate in engineering, who had passed his examination only a few days before, was attacked by plague, and I was detained from go-

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Examine your remedies; drugs not true to name, impure, adulterated, etc., cause lack of faith in medicine.—J. R. Landers.

Most of my failures in practice have been caused by the want of purity and uncertainty in the strength of my medicines.—Landers.

ing, by his guardian, who was the best friend of my older brother and who from his childhood had treated me as his younger brother. I did my best for this young boy with high enemas, intestinal antiseptics, calcium sulphide and nuclein, but he died on the seventh day. Possibly he was malaria stricken for the last five years and his strain at the college for five continuous years had undermined his system.

I was treating one more case in extremis with dosimetry and I was exposed for two cold nights. The very place I was living in was not free from infection because rats were dying around. The morning of the 11th inst. I got up very low and had to go to the dying plague patient whom I was treating. He was huddled up in a small tent and the odor there was sickening. I ran to my hut and found the whole of my right face and neck was swollen and painful in the extreme. I felt as if my right eye were bursting and the bones of the jaws were being hammered. The right side of my neck felt like a cucumber and was throbbing like anything.

I knew what I had to fight and gave instructions to my wife how to treat me. I was very hungry and I ate some rice and milk. Within half an hour I had a severe headache and high fever. My wife gave me a large amount of hot salt solution (1 per cent) to drink and I washed out the stomach completely. A high saline enema was administered and the bowels were flushed. The face was vapored every second hour for ten minutes and I was poulticed (so to say) with a cloth dipped in hot brine and kept moist by pouring warm solution over it often. At night I took one vapor bath for the whole body, followed by a cold douche and a hot brine bath.

Next morning the whole of my swelling was reduced nearly to normal and nobody would have said there was any swelling. In the evening before I took my vapor bath my medical brethren of the town hurried up to me, Drs. Vative and Dr. Parandeker. I told the former, my best friend, and who is the head of the Hospital here, that he had no right to treat me as he had not studied alkalometry, though I had been insisting on it for the last six months. I told Dr. Parandeker to treat me dosimetrically, which he promised to do and paid me two visits daily.

On the 12th and 13th I was very bad with vomiting and diarrhea. I do not remember what kind of stools I had, but my wife says they were serous. Though Dr. Parendeker was guiding me, I was not following his advice completely. I remember to have taken on the 12th and 13th the six granules of defervescent compound one every half-hour in the evening. I took four granules of calcium sulphide on the 12th and 13th and some few tablets of intestinal antiseptics.

On the 14th, I began to feel very severe pain in my right shoulder. I could feel the whole right side of my chest very, very heavy. Cough was troublesome and I was sure I had pneumonia. I requested my doctor friends to tell me the exact condition of my lungs and they did not tell me anything, as they thought I would be frightened. I asked my wife who was nursing me to give me calcidin every second hour. My friend, Dr. Vative, removed me to a more comfortable place which was very near his house and

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When I have genuine, unadulterated remedies, failure is due to imperfect knowledge of application and utilities.—Landers.

Pure remedies, correctly applied, to symptoms rightly interpreted, will not fail. Therapeutics is the desideratum.—J. R. Landers.

assisted my wife in every possible way, but he did not listen to one of my requests which made me very much excited and I became quite angry with him, and that request was to remove my children away from me. My children being very fond of me he found it impossible to separate them from me and my wife. He had actually removed them to a house of a friend, but they refused food without me and he was obliged to allow them to see me.

The night of the 14th I was restless and had no sleep. On the 15th I took calcium sulphide, 1 grain by enema and nuclein with triple arsenates by mouth, 4 granules. During the night I was restless and had no sleep. Dr. Vative sent me a dose of bromide with chloral which I threw away. I summoned him to nurse me. Poor fellow, the tie of friendship obliged him to come to my bedside and the whole night he was assuring me that I was not to die, my pulse was so beautiful; only the restlessness was very great and I thought I was dying. The cough was bad enough.

At midnight I got my pocket case from my wife and I took what I thought to be nuclein with arsenate. I requested Dr. Vative to copy out my will as I would repeat, but he did not think it was necessary as he was guided by my beautiful pulse. On the morning of the 16th, I got up quite agitated and inclined to talk. I knew I was beyond my own control.

Here I must add another point. Early on the morning of the 16th, I heard the voice of my friend, one Mr. Deshapande, an officer in the Baradu state saying, "I am normal." This friend of mine was lying ill at Bombay under the treatment of Dr. Bhajekar, F. R. C. S. I wanted to see this Bhajekar but as he was pinned to the bed of Mr. Deshapande I did not like to wire him, but as soon as I heard the voice I managed to wire him through a friend to come down at once, stating in a letter that I knew Deshapande was normal. [Here is an illustration of telepathy.—Ed.]

On the 16th in the morning I got up quite agitated, inclined to talk a good deal. Another doctor friend of mine, Miss Kelowkar, came to see me with her old father, for which gentleman I have very great reverence. He asked me to be quiet and obedient to Dr. Vative and advised me to take a good dose of bromide and chloral. I told him, "I have taken a vow not to take crude drugs. He may give me an ice-pack to the head, but first of all he must put down on paper my will and whatever word I shall utter."

I told him that I felt my whole body as if charged with electricity and if he were to touch me I would be petrified, my blood would be coagulated and I would be a rigid body in no time. He tried to argue with me and then I became senseless. Drs. Vative and Kelowkar took over the charge of my body by force and I began to beat everybody and anybody with stones and whatever came to my hands with great courage. These two doctor friends tried to manage me and gave me I was told an enema of bromide and chloral and they thought I went to sleep but I remember what I was doing.

Early in the morning I had requested Dr. Vative to take out my liver and preserve it as a scientific curiosity, as there was not a case of such a big abscess be-

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If the doctor be not adept in therapeutics I'll take the old woman and her yam tea in bilious colic.—Landers.

Physicians study anatomy, physiology, biology, chemistry, etc., for the purpose of qualifying to heal the sick.—J. R. Landers.

ing cured and the patient having a healthy life for twelve years after recovery. He had not given heed to this request of mine and when I was under the influence of bromide and chloral what I did was to cover myself from head to foot and press my heels to the ground and right elbow on one side of my liver; the neck was deeply pressed, and I thought I got the whole of my liver, without any incision, out of the rectum.

There were two photos in my sight, one of the Maharaja of Kolhapur and the other of his younger brother. As soon as I thought that my liver was out of my body I threw it toward the Maharaja and I thought he threw it towards the younger brother, asking him to make a soup of it. I requested him not to make soup of it but to send it to the University College, London, as a scientific curiosity.

Under these hallucinations and wild delirium I passed the day of December 16th, Drs. Vative and Krishnabar constantly watching me and dosing me in the evening. There were torrents of perspiration, and a lot of urine was passed. My temperature became 98° F., which was never below 102° F. till now, at times going to 103° to 105 ° F., and I became quite conscious but very weak. I enjoyed good sleep that night, and next morning I was given quinine and ammonium carbonate, and after three days' stay there I was removed by Dr. Vative's permission to my friend and patient, the chief of Mehalkeray's care. I was very weak in mind and the slightest things troubled me most, but as soon as I was removed from the infected place to a healthy locality my mind began to clear and my appetite began to reappear. It is nearly a week since I came here and I am strong enough to write all the details of my case. I have grown so strong that I have written to many of my friends my whole history.

I have three children of my own and one child of my step mother-in-law with me and after my arrival here three of them got fever, enlarged glands and the youngest got a very bad diarrhea and delirium. I directed my wife to treat them all with high saline enemas, vapors and give them the antizymotic pills three a day. Only my daughter required defervescent compound number two for a day. My fourth child, my eldest son, aged five, has been constantly with me from my sickness. He slept in my bed, even in my pneumonic stage. I give him daily normal saline and the antizymotic pill, one or two in a day and flushing of the colon every second day. He does not show any signs of weakness and I am glad to say he has escaped till now and may escape altogether.

This is a brief history of my plague experience. Calcium sulphide and nuclein I prize most and I hope the physicians here will study more of their own medicine, i. e., they will have to come to alkalometry and instead of saturating their patients with brandy that they will saturate them with calcium sulphide and nuclein. But after all I believe in Fate, and if India is to be miserable they will not get the desire to study your methods.

VAMAN BAJI KULKARIN.

Kolhapur, India.

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This is a remarkable experience such as few men have lived to report, and it is told in a remarkable way. The de-

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Don't trust the man who always wants to trust everything to nature. Nature may decide to kill; the patient objects.—Landers.

Forget "let nature take its course." Rightly interpret and meet symptoms, lessen danger and shorten agony and illness.—Landers.

tails concerning the disease are given simply, but with a startling vividness, which brings home to us its terrible devastation and must arouse our deepest sympathies, which with all the CLINIC family we extend to Dr. Kulkarin in these days of weakness and affliction. Never before have we had the opportunity to read the personal record of a mind wandering under the stress of delirium during an attack of bubonic plague and it is therefore peculiarly good fortune that the CLINIC family gets this record at first hand, veritably from the lips of one of their own number, a skilled physician, who has been close, very close, to death and felt all its agonies. The pneumonic form of plague from which he suffered is the most deadly type of the disease and by many has been described as being almost inevitably fatal. That he recovered may reasonably be ascribed, in part at least, to the use of calcium sulphide, nuclein and the saline solutions, with other synergistic medication.

The fact that the doctor was just convalescing from plague when this letter was written makes it all the more interesting. Everything, every detail of the disease, all his thoughts and delirious imaginings, were still as vivid as when he went through the dread experience. In a later letter, telling of writing this account, he says: "I was really very weak that day and even now I have not regained my health; but I hastened to write off everything, as I thought my memory would fail after a time, but to my surprise I am recollecting all things in detail, so I may make some additions to my case which may be of value in studying mental medicine." We shall hope, then to hear from Dr. Kulkarin again.

We believe the doctor is right in his belief that active-principle therapy holds the greatest promise in the treatment of plague. Calcium sulphide, especially, should yield decided results, but it should be given with no timid hand. At the first evidence of the infection, or better still, on exposure, saturation should be commenced. Push it, push it, push it! Do not stop till breath, urine, skin, every secretion simply reeks with the odor of sulphureted hydrogen. At least a grain an hour should be administered at the start and it should be continued till danger is past. Don't be afraid to give more. But while giving the calcium sulphide do not forget other things. The clean-out policy is as essential here as anywhere. Give repeated doses of calomel, and use enemas if necessary to empty the lower bowel; follow with your saline and then push the sulphocarbolates. Support the heart with strychnine arsenate and digitalin; if fever is high give the dosimetric trinity or the defervescent compound according as it may be sthenic or asthenic. Nuclein is especially indicated here and may be given hypodermically or dropped on the tongue. All these things and many more will naturally suggest themselves to the physician. The use of saline solutions by enteroclysis or hypodermoclysis is certainly indicated in every severe case —and every case of plague is severe.

India, with its teeming millions, its poetic past and its present problems, interests us greatly. There is a glamour about the East which casts its spell over us; but there is a duty also—for the present. Dr. Kulkarin writes feelingly of the medical problems, especially as

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If you are going to let nature take its course and leave your forceps at home, why not stay there yourself?—J. R. Landers.

Albumin is present in 80% of normal pregnancies—casts in 30%. There's no reason to blame eclampsia on this state.—Brown.

they affect the native practicians who are largely charged with the lives and death of this vast population. His letter is a veritable Macedonian cry. We long to reach out a helping hand, to do something to aid in the struggle to save the thousands of lives which are being sacrificed annually to the twin Molochs of Cholera and Plague. Can we do it? Shall we do it? These are questions which you, readers of the CLINIC, must help us answer.—ED.

MEDICINE FOR ACHING BACKS AND TIRED HEADS.

The new name of the CLINIC sounds a little more dignified, somewhat more euphonious, perhaps. It is certainly broader in scope. May it never grow less helpful, less democratic, less American. I have learned to look forward to its coming as a very dear and highly-prized friend because out of its pages and through the kindly help of its very able editors, I have learned *to do things* —things that I have been taught to believe impossible; among them is to jugulate pneumonia and other acute diseases in their incipiency, to relieve old men with enlarged, leaky, impotent bladders, and many, many other things. I do not expect the change in name to lessen the pleasure nor profit of its monthly visits. Phoenix-like I believe that it will arise out of the ashes of its glorious and brilliant past to glow with a brighter light if possible than ever before.

Few individuals perhaps count for much in the great cosmogony of nature. But here and there stand men who have blazed a way through the brambles and thorns that infest the path of life. This cannot be done without bleeding hands and torn clothing. It has been your part, Dr. Abbott and Dr. Waugh, to blaze the trees and clear the ground for a more rational therapeutics, sown and cultivated by centuries of error, stupid conservatism and prejudice. These noble aborigines have taken many a shot at you, have wounded you at times, no doubt, but never seriously, while the path grows ever clearer and broader. May you live long to prove that the Osler school is not always right. Young men know many things—but who are the young men? Are not these the young men who, regardless of the years of life, keep mind and heart open to the purest and best, and who, like Paul, die "fighting the good fight" until their course has been run? Only drones who "have no time to read" grow *old*. Some seem born aged and musty. May you never be Oslerized nor your shadows ever grow less is the wish of

J. W. SHOOK.

Canal Winchester, O.

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One of the things that goes further than insurance to compensate us for our loss, is the kindly expression of sympathy which keeps pouring in upon us. Few people realize what these expressions are worth to men who sometimes feel like sinking under burdens they are attempting to carry, and would do so were it not for the imperious admonitions of duty.—ED.

ECLAMPSIA OR EPILEPSY?

I have in the past years attended several cases of puerperal eclampsia, a disease terrifying to both attendants and

There is some connection between albuminuria of pregnancy and the extra-renal cause of eclampsia.—Brown, *J. A. M. A.*

Neither any normal end product nor any known intermediary product of metabolism the cause of eclampsia.—Brown, *J. A. M. A.*

physicians, a disease of the gravest character, requiring to save life, close and assiduous attention. I would suggest for the benefit of the young practician that there is a possibility that the diagnosis in some cases might be amended, as occasionally we find an epileptic attack following normal labor.

It were well to be alive to the possibility of the lighter or more evanescent disease and thus be saved from a grave or at least mortifying mistake in personal practice, as the tendency in puerperal eclampsia is to death in a few hours.

W. W. ELMER.

Spokane, Wash.

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Dr. Elmer's warning is perfectly appropriate. Because a woman at time of labor has a "fit" the physician should not jump to the conclusion that it is eclampsia, however strong the presumptive evidence. Inquire concerning the family history, as to whether the patient has had convulsions before this, if the attack was preceded by headache, vertigo, nausea, if the urine was diminished in quantity and if it had been tested for albumin and the output of urea. Familiarity with the clinical pictures of the two diseases will bring out points of difference. But do not waste time on your diagnosis. Learn to master the essential facts quickly and to act! Eclampsia is indeed a dangerous disease and there is no place here for temporizing measures. Eliminate! Clean the bowels out thoroughly with a salt enema. If the patient can swallow give calomel and follow with the salines, or better still in urgent cases, purge with elaterin. Promote diuresis with the pack or an alcohol sweat. Meanwhile give veratrine. Use it hypodermically in large doses, frequently repeated, thereby reducing the frequency of the pulse to 60 or thereabout, and keeping it there. Work —and think!—ED.

Deficient thyroid or parathyroid activity may play a part at least in some of the cases of eclampsia.—Brown, *J. A. M. A.*

In the placenta are formed the toxic substances which probably are responsible for eclampsia.—Brown, *J. A. M. A.*

"CICUTINE IN MOTOR EXCITABILITY AND MANIA."

I find cicutine hydrobromide useful in the motor excitement of mania and melancholia. Just use it only in cases in good physical condition.

W. M. K.

——, Massachusetts.

—:o:—

We have had the same experience, alternating it with hyoscine hydrobromide. —ED.

CEREBROSPINAL MENINGITIS.

In the *Chicago Medical Times* for September Dr. H. W. Felter Cincinnati, Ohio, has a most interesting article on "Epidemic Cerebrospinal Meningitis." The remedies he recognizes, it is true, are many, but he deals with the question of treatment more in a suggestive way and the practician is left to make his own selection according to the conditions existing. Among the drugs especially recommended are echinacea, baptisin, gelsemnine, lobelin, aconitine, veratrine, digitalin and pilocarpine. He calls attention to the fact that hot applications are preferred by the eclectics to the use of ice bags. In an article in the MEDICAL CLINIC our views as to the treatment of this condition were expressed fully and in many respects Dr. Felter coincides therewith.

AMONG THE BOOKS

DUNCAN'S "NEW KNOWLEDGE."

The New Knowledge, A Popular Account of the New Physics and the New Chemistry in their Relation to the New Theory of Matter. By Robert Kennedy Duncan, Professor of Chemistry in Washington and Jefferson College. Published by A. S. Barnes & Company, New York. Price, $2.00.

Within the last decade marvelous changes have been made in our theories as to the nature and attributes of what we used to call "matter"—in the light of the "new knowledge" this word has ceased to be appropriate. This book is an attempt to popularize facts and theories and present them in a form which any one can grasp. If you would understand the "law of periodicity" of Mendeleef, a law which has enabled the scientist to describe with accuracy and detail various undiscovered elements, and which Duncan calls "God's alphabet of the universe;" if you would know how those minute negatively charged bodies, the corpuscles, a thousand of which only equal in mass an atom of hydrogen, were weighed and measured; if you would know about ions, x-rays, alpha, gamma and beta rays, about that wonderful substance, radium, and its properties; of the electrotonic theory of matter, according to which matter in its last analysis is identical with electricity—and many things more, then read this book. You will learn much to amaze you, as for instance that the atom is no longer regarded as the ultimate in the divisability of matter, that radium, an element, may be converted into helium, another element, and that the dream of the "philosopher's stone" is within the realm of the possible. The book is written in a fascinating style and every person interested in the advancement of science should read it.

HEITZMANN'S URINARY ANALYSIS.

Urinary Analysis and Diagnosis by Microscopical and Chemical Examination, by Louis Heitzmann, M. D. Second revised and enlarged edition, with 131 illustrations, mostly original.

The contention of the author is, that the microscope will give us a better differential diagnosis in kidney and urogenital diseases than chemistry. His father before him devoted his life to the same subject which his son is now pursuing. He divides this book into three main parts. First the Chemistry of the urine in health and disease, to which fifty-nine pages are given. Part second, 117 pages, is given to the consideration of Microscopical Examination, and part three, 129 pages, is given to Microscopical Urinary Diagnosis.

The author is thorough in his contention, and is full in word and illustration as to how the microscope is to be interrogated in the diseases of the genitourinary organs. The illustrations strike us as semischematic, which however, will not interfere with one who is familiar with the microscope in following the author's advice, which is certainly worthy

to be listened to and acted upon when occasions demand. We hope to hear about the book from the competent clinical laboratories of the country in confirmation of the author's contention.

Publishers Wm. Wood and Co., New York, 1906. $2.50.

SCHAMBERG'S DISEASES OF THE SKIN.

A Compend of Disease of the Skin, by Dr. J. F. Schamberg is one of Blakiston's excellent "Quiz-Compends," which in its present fourth revised and enlarged edition is fully up to date and will serve its purpose excellently. 1905. $1.00.

MOYNIHAN'S GALLSTONES.

Gallstones and Their Surgical Treatment, by G. A. Moynihan, M. D., (London), F. R. C. S. (Leeds) Second Edition Revised and Enlarged.

The profession in England and here perceived at once that an excellent aid was given it by the author in the first edition of his monograph, and it was sold out in eight months. We said in our review of that edition in the May, 1905, CLINIC, as follows: "The book is remarkably thorough and exceptionally well illustrated and luxuriously printed. It is à masterly work by a master who has gathered knowledge from many quarters on this distinct surgical disease where reflex actions are almost ubiquitous in the body." The present second edition is enlarged some seventy pages, including a chapter on congenital abnormalities, absences and dislocations of gall-bladder and ducts. This is a rare chapter and worth untold more than the dollar increment of this edition. Publishers, W. B. Saunders & Co.. Philadelphia and London, 1905. $5.

WILLIAMS' FOOD AND DIET.

Food and Diet in Health and Disease, by Prof. R. F. Williams of the Medical College of Virginia, is a very useful book for the layman as well as for the physician. We are awakening to the truth, that the materia alimentaria is quite as important as the materia medica, that if the former were better understood and rationally practised the latter would be less required in life. Professor Williams writes, we think with this intention. His style is lucid, his ideas are void of the usual extravagance of popular writers on this subject, which overshoot the mark and but fizzle out like a rocket. The only regret we have is that the author is so brief, while we cannot but think that he had more to say worthy of taking to heart. Let us hope for a larger and fuller book, especially in the first part.

Publishers, Lea Bros. and Co., Philadelphia and New York, 1906. $2.00.

CHURCH AND PETERSON'S NERVOUS AND MENTAL DISEASES.

Nervous and Mental Diseases, by Archibald Church of the Northwestern University and Frederick Peterson of Columbia University, New York, fifth edition thoroughly revised.

We had the pleasure of reviewing the third edition of this work, in the November CLINIC of 1901. The work is brought up to the knowledge and theor-

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Pregnants' nerves too sensitive, their blood is abnormally toxic, muscles more easily convulsed than non-pregnants.—Brown.

Rueder's experiments locate power of killing streptococci in the leucocytes and not in the blood serum.—*J. A. M. A.*

ies on the subject at present. But we still miss in this edition, as we did in the third, any mention of sunstroke as a cause of insanity. We are reminded of this omission by the sad suicide lately of a young man in Michigan, whom we attended for insolation in West Virginia over ten years ago, whom we benefited but who became demented when we left that state. There is also brain disease in the father now, and there was epileptic trouble in the sister of the suicide. On the basis of this bad anamnesis the young man's sunstroke offered a sad prognosis from the start. We doubt whether insolation is ever cured, and the percentage resulting in mental disease must be large. The work is published by W. B. Saunders & Co., Philadelphia and London, 1905. $5.00.

"BACK TO NATURE."

A neat booklet entitled "Back to Nature," published by the Egg-O-See Cereal Company, Quincy, Ill., we are told is to be distributed among physicians, who it is hoped will read it and inwardly digest its contents and then propagate the sentiment of a better diet than now obtains in this country. There is too much flesh and too little of vegetables in our diet. There is too fine flour in our bread. This booklet urges a certain food made of the whole wheat, which we have tried and found excellent and all the booklet claims for it. Ask for and read it.

FREDERICK'S EASY ANATOMY METHODS.

Quick and Easy Anatomy Methods, by E. Victor Frederick, is a device to aid the students' memory by association of ideas. Published by F. A. Davis and Company, 1903. $0.50.

HOWARD'S SURGICAL NURSING.

Surgical Nursing and the Principles of Surgery for Nurses, by Russel Howard, M. B., M. S. (London), F. R. C. S. (Eng.).

This book is intended not only for surgical nurses but also for junior students of medicine who wish to know more of practical surgery. The nurse will be more reliable and helpful to the surgeon the more he or she may know the why and wherefore of the surgeon's demands and commands, and the better will they be carried out for the good of the patient. Publishers, Edward Arnold, London; sent to us by Longmans Green and Co., Publishers, New York, 1905. $1.00.

RADASCH'S HISTOLOGY.

A Compend of Histology, by Dr. H. E. Radasch is one of the Blakiston's Quiz Compends. The chapter on technic is unusually full and is recommendable for the laboratory. The rest of the volume is more than sufficient for the purpose for which "Quizes" are had. Publishers, P. Blakiston's Son & Co., Philadelphia, 1905. $1.00.

BURGESS' NEW FIELD.

The New Field, by W. H. Burgess comes again to our desk for notice. The three parts: Diagnosis, Therapeutics, and More Difficult Conditions, are now together in one little volume, bound in

Exceptionally strychnine stimulates the vagus center, arousing its inhibitory effect and slowing cardiac rhythm.—Brown, *J. A. M. A.*

Strychnine stimulates the vasomotor center. —O. H. Brown, *J. A. M. A.* But Sajous says there are no vasomotors, therefore no centers?

flexible leather cover. The work is revised, and published by the author at Avondale, Chattanooga, Tenn. Price $1.50, in a cheaper cover $1.00. This little book does not speak oracularly *ex-cathedra,* but it is well to remember that there are some good things to be heard coming *extra cathedra.*

TANNER'S POISONS.

Memoranda of Poisons. This little book, 5 1-2 by 3 1-2 inches, 177 pages, closely printed, is by the well known English author, T. H. Tanner, M. D., and is edited from the tenth edition in this country by Prof. H. Leffman. It is a very useful little book, and if one wishes it to be useful to him in an emergency, as cases of poisoning usually come, we would advise that the book be read through so that familiarity may be acquired with the author's classification of poisons and to the symptoms presenting themselves. Publishers, P. Blakiston's Son & Co., Philadelphia, 1905. $.75.

NORTHCOTE'S CHRISTIANITY AND SEX PROBLEMS.

Christianity and Sex Problems, by Hugh Northcote, M. A., is not a book for a mere superficial reader, but for one who thinks and thinks profoundly, fearlessly, absorbingly. The reading of this book leads to the sad conclusion that there is no remedy yet in sight for that which both blesses and curses the human race; yet let the thinker read this book, for we think that, "A decided calamity is more safely borne than a suspended fortune."

Publishers, F. A. Davis Co., Philadelphia, 1906. $2.00.

ROCKWOOD'S PHYSIOLOGICAL CHEMISTRY.

A Laboratory Manual of Physiological Chemistry, by E. W. Rockwood, Ph. D. of the University of Iowa. Second revised edition, enlarged. A very useful, concise, but clear working manual. Publishers, F. A. Davis and Co., Philadelphia, 1906. $1.00.

WILLIAMS' BACTERIOLOGY.

A Manual of Bacteriology, by Prof. H. N. Williams of the University of Buffalo, revised by Dr. B. M. Bolton, of the Bureau of Animal Industry, fourth enlarged edition.

The author's aim is to give what the physician must necessarily know of bacteriology, and not burden the frequently overtaxed mind of the medical student with what may be safely left out in his curriculum, while the principles of the science are inculcated. Publishers P. Blakiston's Son and Company. Philadelphia, 1905. $1.75.

DOUGLASS' NASAL SINUS SURGERY.

Nasal Sinus Surgery, With Operations on Nose and Throat, by Beman Douglass, of the New York Post-Graduate Medical School and Hospital.

The book is a carefully detailed monograph extensively illustrated, which promises to be a very helpful aid to the specialist as well as to the general surgeon. Publishers F. A. Davis Company, Philadelphia, 1906. $2.50.

O. H. Brown says no such sudden marked effects follow glonoin as follow a "pure nitrite." They're sudden enough for our uses!

Strychnine and glonoin are directly opposed to each other in their effects on the circulation.—O. H. Brown, *J. A. M. A.*

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

REPORT ON QUERY: — The report of your scientific laboratory of 3rd. inst., was duly received as was the letter which followed it. The reason I sent no fuller particulars concerning this case was that the woman felt that she was unable to afford the expense of an examination, and I thought I could probably manage the case, if I could feel sure that there was no extensive kidney disease. Now, however, that you have raised the questions of recto-vaginal fistula and probable gonorrhea, I feel that I ought to render everything positive, get your opinion concerning the presence or absence of the gonococcus in an active state and whether it is the cause of any pathological condition of the woman's genital passages. Please state specifically in your report whether the germ is in an active and virulent condition, or whether it is found without the pus-cells and is attenuated and therefore not giving rise to active pathological changes. The fact that you found pus-cells in the urine (doubtless vaginal in origin), and that you do not mention the presence of the gonococcus in them, I take to signify, as far as it goes, that there are no gonococci present.

I will now try to answer the questions you put concerning the doubtful points in the case:

1. Amount urine in twenty-four hours is about 64 ounces.

2. Of course I am not *sure* that it is not a case of gonorrhea, for I have had no examination of the vaginal secretions; but the history and progress of the case would lead me to think that it is not. However, that you can ascertain on examination of the specimen.

3. The patient's general condition is good, notwithstanding the fact that she is nursing her infant.

4. I regard her elimination as in every way good.

5. In my first report I think I said that the stools were of the character called lienteric, with some mucus and difficulty in retaining feces when seized with a desire to defecate; now, however, after a fortnight's use of the antiseptic tablets, the stools have an appearance almost normal, no undigested particles, very little insufficiency of the rectum, and lessened frequency.

6. The liver is not enlarged, nor tender.

7. The tongue is clean and moist.

8. The eyes are perfectly normal.

9. Appetite vigorous.

10. Pulse normal in quality and frequency.

11. Skin moist.

12. No cervical nor vaginal tears; some cervical catarrh with slight erosion of epithelium around os uteri.

13. Uterus slightly enlarged and slightly displaced downward.

The treatment has been substantially what you have recommended. There has been no dropsy since last July, as I think I stated in my first letter.

To make sure I am forwarding under separate cover a specimen of the vaginal discharge taken from the fornix vaginæ. If you find that the woman has gonorrhea kindly report the fact in technical terms.

M. F. C.

——, Indiana.

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The detailed report of our patholo-

gist has gone forward to you. As you will note we were correct in our supposition, the pathologist finding gonococci present within the pus cells. This clears up the whole matter. We are glad to note that the intestinal symptoms have improved. Now, vigorous and prolonged treatment of the pelvic organs may prove curative, but like so many other women, this patient is condemned, we fear to continuous uterine disorders. It is altogether probable that the gonococci have penetrated even beyond the uterine cavity. We have just seen a case of double pyosalpinx and appendicitis in a lovely young married woman. Gonococci in pus everywhere.

This report upon a case already considered will serve (when taken together with the result of our pathologist's report) to accentuate the necessity for suspecting gonorrheal infection in *every* case of uterine or ovarian disease making its appearance without due cause in young matrons. The same thing applies to numerous cases of rheumatoid arthritis. Elsewhere just such a suspicious case is reported. In this instance we suspected from the first gonorrheal invasion and a microscopical examination proved us right. Now the physician at least knows what he has to deal with. The present "pleasant" custom of allowing men who have been running the town to marry pure girls anywhere within a few months after presumably being cured of a gonorrhea is directly responsible for this appalling state of affairs. No physician should sanction the marriage of a known gonorrheal patient until he has been absolutely free from even a sign of morning drop for six months and repeated examinations of urine fail to reveal gonoccocci. Thousands of young wives are infected the first month of marriage, the marital relations causing a latent gonorrhea to light up in the male. As a result they become pelvic patients after, if not before the birth of their first child, and doctors treat and surgeons cut till there is nothing of the woman left. And the man marries again—and repeats the performance. Doctor, cure your gonorrhea cases and suspect gonorrheal infection in your pelvic and rheumatic cases and don't rest till you have positively proven yourself wrong—or know that you are right.—ED.

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ANSWER TO QUERY 4908:—"Infantile Indigestion." I had a case exactly like that. The only food that was found available was whey made from sweet milk by the use of the essence of pepsin adding a small amount of cream just before feeding. For the chafed parts, wash carefully each time of changing, and ly fresh unsalted lard and dust over with a powder of lycopodium and a very little salicylate. When born, the child, male, weighed ten pounds, and at one month seven pounds, now at sixteen years, weighs one hundred and forty pounds and is six feet tall.

O. K. C., California.

QUERIES

QUERY 4984:—"Embalming Fluids." Can you furnish or refer me to some good literature on the so-called "embalming," method of procedure, fluid used and who is supposed to be an "authority?"

It seems parties who sell coffins, any ignorant furniture dealer, pretends to

One knowing all collaterals but deficient in knowledge of remedies and their applications is a bedside failure.—Landers.

The ability to do a tracheotomy does not indicate that the operator knows how to preclude its necessity.—J. R. Landers.

"embalm." A recent case consisted in injecting into the body a few hypodermic syringes full of fluid, charging the parties $35.00. He said the job was worth $75.00. Besides he sold the coffin and trimmings. May we have a complete article some day in the CLINIC covering this subject—the right methods and the frauds?

G. N. M., South Dakota.

You will find the following books of interest: "Champion Text-Book of Embalming," Myers, Springfield, (1900). "Embalming." Leslie, Toledo, O., and "The Mummy" by Budge, published in London,-Eng. A favorite formula for embalming fluid is: Arsenous acid, oz. 14; caustic soda, oz. 7; water, oz. 20; acid carbolic, sufficient to render the fluid opalescent after stirring; then add water to oz. 100. In the "Brunelli system" the circulatory system is washed till clear water issues from the body (2 to 5 hours' irrigation). Alcohol is then injected to remove water; fifteen minutes. Ether is injected to abstract fatty matter, two to ten hours. A strong solution of tannin is then injected. This occupies two to ten hours. Finally the body is dried in a current of hot air passed over heated calcium chloride. The body resists decay for an indefinite period.

Nardyz of Philadelphia embalmed Archbishop Wood of that city, Prince Aristoff of Russia, and others, thus: Blood removed in usual manner and this fluid injected: Crude petroleum, 1 gal.: camphor, lb. 4; ac. carbol., lb. 1-2; Fowler's sol. of arsenic, lb. 1. A few ounces of zinc chloride may be added. This solution is said to keep the body fresh for many years. Wickersheimer's Fluid: Acid arsenous 16 grams (for injecting); sodium chlor., 80 grams; potass. sulph. 200 grams; potass. nit., 25 grams; potass. carb., 20 grams; water, 10 liters; glycerin, 4 liters; wood naphtha, 3-4 liter. Inject after removing body fluids. Perhaps the most simple formula is this: Saturate 2 pints water with zinc chlor., add one more pint of water and two pints of methylated spirit. This is enough for an adult cadaver. Tie injecting nozzle in vein; if a long pipe with catarrh bottle is used, fluid will gravitate through body; if not, slight pressure must be made.—ED.

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QUERY 4985:—"Rectal Tuberculosis." A case came to me today that has "been the rounds." I am a new man here and would like to benefit this case and would like to enlist your help. History about as follows: Man now forty-two years old. In April, 1903, he was afflicted with what his doctor called "walking typhoid." Was under treatment all that summer without apparent benefit. During the following winter he took cod liver oil emulsion most of winter with no apparent benefit; in the following spring he was sick and very nervous Don't know exact trouble. Was in poor health continually and in September or October, 1904, had what was supposed to be ischio-rectal abscess, which proved to be, as I gather, a sinus though they called it a fistula. In October, 1904, fainted on the street and afterward had frequent sinking spells, as he termed them, and was unable to attend to business. March 10, 1905, was operated on for fistula. Sinuses were opened up and have never healed. Doctors claimed he was loosing semen in urine; very nervous, coughs some, voice husky. Six weeks ago sputum was examined and tubercle bacilli found, so reported; throat examined at that time by specialist and reported to be tubercular.

Sept. 23, last, he began to take medicine from St. Louis which has disturbed

the stomach but has relieved the nervous condition. Bowels loose for past month, from two to five watery stools per day. Lungs dull on percussion at apices. Usual weight in health 145 pounds; now and for past two or more years about 130. Appetite at present poor, usually good. Doctor, would like you to outline a treatment. What can I do to heal ischio-rectal wound and sinuses?

R. D. B., Kansas.

Many of these suppurative processes about the rectum are primarily tuberculous, and this was undoubtedly the case in your patient. Now it looks as though you had a generalized tubercular infection to deal with—in all probability one in the larynx as well as the rectum, and possibly general miliary tuberculosis. The stool should be examined as also the sputum. Were we in your place we would clean up those sinuses (or the sinus) with H_2O_2 pure, flush with distilled warm water, dry, and then, with a camel's hair brush or swab, paint with pure turpentine (Merck); pack with gauze soaked in ol. olivæ, four parts; ol. sanitas (or eucalyptus), one part. Dress daily and, unless healing is prompt and discharge ceases, dissect out the lining membrane thoroughly and heal up by granulation, using any good dusting powder. Wash out bowel with an alkaline antiseptic and saturate that man with calcium sulphide and the antitubercular formula. Give nuclein hypodermatically (ten drops morning and night for ten days) and give echinacea, stillingin, and brucine between meals, t. i. d., with arsenic iodide after food. Have him inhale eucalyptolized steam ten minutes twice daily, feed him eggs, meat-juice and fruit and fish *ad lib* with plenty of cream and butter. Make him live in the open air and keep his skin active. Watch urine. For a few days push the sulphocarbolates—crush tablet and give with water about one hour after food. —Ed.

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Query 4986:—"Tuberculosis of Bowels." I have a patient who I believe, has tuberculosis of the bowels. She has had a run of fever for nearly four weeks. Sometimes the fever has been as high as 103° F. Now, in the morning it may be 0.2° below normal. In the afternoon it ranges from 99 1-2° to 101° F. Any little exertion brings fever up.

The patient is a young lady, sixteen years old, and very dear to our family. I was formerly their family physician and now they have sent for me and I am very anxious to help them. The physician who has been attending her thinks she has pulmonary tuberculosis. I don't think so, as there are no signs to warrant it. She has had some sweats; but I believe that it is due to her emaciated condition. She never has had any cough, not even a slight hacking. Never has raised anything from lungs. She has always had trouble with her stomach and bowels. Her stomach is very weak, or, perhaps, I should say the digestion is much impaired and she is not able to assimilate many kinds of food. Will you please tell me what you think I need in this case.

R. S., Maryland.

You do not give us data enough for a positive diagnosis, though the symptoms are extremely suspicious. Have the feces and sputa carefully examined. Meanwhile, the following tentative treatment is suggested. Thrice daily give the nuclein solution, 6 minims to be dropped on the tongue and absorbed from the buccal mucosa. Iodoform is valuable in these cases and may be well prescribed with strychnine arsenate, calcium phosphate and nuclein, as in the tuberculosis granule. An hour after the meals give

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Reid advises pilocarpine for itching from jaundice, urticaria, that of the aged; gr. 1-4 by mouth at bedtime.—*Medical Record.*

We have not quoted half the good points in Egbert Le Fevre's strong article on pneumonia in the *Medical Record* of Feb. 24.

the sulphocarbolates to arrest fecal putrefaction and fermentation, which are evidently present. As an alternant with the iodoform, or providing this is not well tolerated, try calx iodata. Iodine is useful in these cases. This may well be given along with the triple arsenates of iron, quinine and strychnine to raise the "tone," continuing the nuclein of course. Any intense systemic infection, calls for calcium sulphide, given to saturation. Keep the bowels open, and for this a saline laxative will be found effective. Attend of course to the action of the skin, using salt water baths or spongings. Meanwhile keep the patient in the open air, absolutely quiet while there is fever, and push nutritious foods, such as eggs and milk, giving meals often, but comparatively little at each meal.—Ed.

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Query 4987:—"Pruritus of Feet." Kindly give me a treatment for pruritus of the feet in the following case: Patient, a farmer, German, 42 years old, of good habits, uses no tobacco nor liquor, no specific history; is robust, stout, weighs 175 to 180 pounds, plethoric, has been suffering for the last five years from an intense itching of the feet, extending in warm weather up to the calves and knees. Itching is worse in summer months and in the evening and at night. Is compelled to leave his feet uncovered at night in order to have rest and sleep. Aside from slight constipation, patient is in perfect health. Urine is acid, specific gravity 1022, no albumin. Have used the usual remedies with various modifications with no benefit whatever.

J. F., Missouri.

We expect that careful examination of the urine would reveal marked derangement in excretion of solids and we suggest that you give internally iridin, gr. 1-6, calomel, gr. 1-6, and xanthoxylin, gr. 1-6, hourly for six doses from 4 p. m. every third or fourth night; the next morning give a saline draught and three times a day between meals give boldine, gr. 2-67, sulphur compound three granules. Bathe the feet carefully in a solution of formalin, one dram of the forty per cent solution of the market to three pints of water, and if this is too strong add another pint. Let the feet remain in this solution for five or ten minutes, dry carefully and then apply carbenzol one part, purified mineral oil one part. In the morning dust into the socks dolomol-ichthyol powder or talcum powder four parts, dermal antiseptic (sulphocarbolates, pulv. boric acid, and talc.) one part.—Ed.

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Query 4988:—"Sodium Succinate and Recurrent Cholelithiasis." Would you recommend the sodium succinate, or promise good results, in cases of gallstones, where the patients have been operated upon for that trouble and where the colic came back again—about six months after the operation is performed?

A. P., South Dakota.

Sodium succinate, with boldine would be of service in any case of cholelithiasis where gallstones are present, even though operation has been done, but if the colic (post operative) is due to simple inflammation of the ducts, adhesions or narrowing of the lumen, etc., sodium succinate naturally would be of no use whatever. In all such cases carefully palpate the gall-bladder, noting the character of the colic and have the stools passed subsequent to an attack carefully sifted so as to find any gallstones which may be passed. You do not state the

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In nephritis, vomiting is a regular symptom when uremia is well developed; occasionally early manifestation.—Roberts, *Med. Record.*

Chronic vomiting after gradual epigastralgia, half to three hours after eating indicates peptic ulcer.—Roberts, *Med. Record.*

operation done, neither do you state whether gallstones were discovered. Do not forget dioscorein; gr. 1-6 to 3-6, repeated every ten or fifteen minutes, and swallowed with a little hot water, for the acute colic; alternate perhaps with atropine or hyoscyamine, gr. 1-250, and strychnine valerianate gr. 1-67.—ED.

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QUERY 4989:—"Phosphaturia." Is there any remedy to date other than urotropin, the benzoates, etc., that will dissolve a phosphatic calculus—particularly prostatic? I am the unfortunate victim and have suffered for years with this trouble. Am having great difficulty at the present time in passing urine, the latter always alkaline unless the above are used. If you can offer any suggestion, other than those given in textbooks, I shall be *very* thankful.

F. G. H., Alaska.

In the first place let us suggest that you use ammonium benzoate till the urine is normally acid; lactic acid and salol are also useful and a course of glycerphosphates will usually give good results in phosphaturia. The main thing is to find out just where the original disturbance of the body chemistry comes in. Ten minims of dilute nitrohydrochloric acid after food, one dram of the glycerophosphates before food and, on alternate weeks, lactic acid, ammonium benzoate and salol between meals for one week with two drams of any good preparation of triticum repens will prove useful. The distinction between functional and secondary phosphaturia is important. In neurasthenic cases, under rich vegetable diet, where there is cerebral abscess or meningitis, we get functional excess of phosphate; here alkaline medicines should be stopped, meat, fish and shell fish eaten freely and the cause treated. Strychnine and lecithin are useful in cases of enervation. In secondary (ammoniacal) phosphaturia where there is cystitis with infection and putrefaction we shall require the urinary antiseptics (and formin here is excellent); boric acid, salol, arbutin and prompt treatment of the cystitis, with free draughts of distilled water or rain water, will aid promptly. Eat a grape fruit each morning.—ED.

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QUERY 4990:—"Incontinence of Urine. Vertigo (Senile). Rupture of Cerebral Vessel?" Please give me treatment for the following cases:

1. Mrs. C., age 28 years, married, never pregnant. Urinates very frequently. When she laughs she cannot control her bladder and when she thinks of her condition, she urinates. She gets up six or eight times during the night. She is on her feet all day, as a clerk in a store. She also complains of severe pain in small of the back at intervals. I have given her strychnine, atropine and ergotin, potassium acetate, buchu, juniper, and sanmetto. She seems to be improving now on strychnine alone, before and after meals and at bedtime. I suggested an examination, as she may have anteversion causing pressure which may produce all this trouble.

2. Mr. M., age 76 years, has vertigo and can walk in the dark scarcely at all, and is very vertiginous at all times. Good appetite, and digestion fairly good for his age.

3. Mrs. H., age 44 years, began to complain of pain in right side of head, which comes on very suddenly and with it drooping of eyelids on right side and dilation of pupil. The pain is very severe. Has sick spells every few hours, no appetite. Has been sick for four weeks. Dropped solution of eserine into eye to bring about contraction, and gave nerve sedatives, the whole list. She was

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Chronic lead-poisoning with attacks of colic may occasionally be the cause of persistent chronic vomiting.—Roberts, *Med. Record.*

Chronic vomiting within 15 minutes after eating means cardial stenosis, nerves, cerebral lesion or acute gastritis.—Roberts.

never sick before; is very corpulent and plethoric.

T. I. C. P., West Virginia.

1. An examination is imperative; refuse to treat without one. Secure from her four ounces of urine from the twenty-four-hour output and send it to us stating the amount passed in that time. Brucine, gr. 1-67, and hydrastin, gr. 1-6 every four hours, with scutellarin and cypripedin two to three granules four times a day, may prove useful, provided there is no organic disease or pelvic derangement.

2. Senile vertigo may be due to anemia or congestion. You give us no idea of the patient's general condition. If anemic, cactin, gr. 1-67, strychnine arsenate, gr. 1-67, every four hours will help you. See about elimination; especially attention should be paid to the urine. If circulation is unequal one dosimetric trinity morning, noon, and night will promptly produce good effects.

3. This strikes us as being a distinct case of ruptured vessel. Paralysis of the third nerve is possible. Any possibility of gumma? There being no sign of syphilis or tubercular meningitis you have to think of clot, tumor, locomotor ataxia (no further symptoms, so exclude) and aneurism. The latter seems to be absent so we venture diagnosis of clot, or paralysis of third nerve. We suggest you eliminate freely; secure activity of skin by giving vapor or hot salt sponge baths and alcohol rubs. Give small doses of veratrine till pulse is soft and arsenic iodide one after meals for two weeks. Blister (cantharidal) to temple and behind ear. Light diet.—Ed.

Query 4991:—"Vegetations of Anus: Hemorrhoids." I have a case of vegetations of the anal region of some weeks' standing. At first we supposed them (two) due to vaginal discharge and perspiration, the lady being quite fleshy. But, upon examination today, I find three or four very tender flat growths. Now, I am writing mainly to learn your opinion as to the use of the "dermal caustic" here. Would it be advisable or would it be best to scrape off with Volkman spoon? I do not think they are syphilides. Your answer is respectfully awaited.

The lady cannot sit down at night, the burning and pain is "maddening" she tells me. She suffers much also from bleeding piles as well as external.

R. L. H., Ohio.

Judging from your description these may be inflamed mucous or skin tabs caused by the inflamed condition of the rectum. These tabs would naturally become very much congested and excoriated from the discharges, moist heat and pressure. We should be inclined to dilate the sphincter ani under surgical anesthesia, inject the hemorrhoids promptly with a solution of carbolic acid and olive oil (equal parts) and then dust the entire external region with a desiccant powder. You will find vaginal antiseptic powder one part, pulverized talc. one part excellent, or you may use zinc oxide or bismuth subnitrate with starch. One of the most useful things we have found in conditions of this kind is the dolomol-ichthyol powder. Probably the best thing for all concerned would be to snip those tabs off, stitch the edges of skin and mucous membrane with find silk and then treat as directed. Inject into the rectum a good fluid extract of hamamelis, one part, glycerin one part, water four parts, after stool;

Copious vomiting over 10 hours after eating means muscular insufficiency; repetition favors stenosis of the pylorus.—Roberts.

Night vomiting means cholelithiasis, periodic hypersecretion, muscular insufficiency, a nervous abnormality.—Roberts.

and before stool throw in an ounce of olive oil to which you may add with advantage two minims of carbolic acid. Keep the bowels open with saline and three times a day, give hamamelin, gr. 1-3, aesculin, gr. 1-6, iridin, gr. 1-3, preferably an hour before meals.

Let us urge upon you the necessity for dilation of the sphincter and treatment of the hemorrhoids. If you have never used the injection treatment you have a pleasant surprise in store. If you will look over the JOURNAL carefully you will find the entire technic of the operation described. The main secret is to dilate the sphincter and to inject each hemorrhoid thoroughly with a strong enough solution of carbolic acid. Use an ordinary hypodermic needle and throw the solution in drop by drop, shifting the point of the needle along the course of a half circle and continue to inject until the entire hemorrhoid is gray and solid. If blood follows withdrawal of the needle you have not injected sufficient and must reinsert the needle at another point and continue the process. There is very little pain if ordinary care is taken to avoid penetration of the bowel wall and the hemorrhoids are anointed with vaselin or olive oil before and after operation.—ED.

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QUERY 4992:—"Hot Flashes of Climacteric." I think that a short time since I saw either in your JOURNAL or the Digest a suggestion as to the treatment of what is called "hot flashes," which are so troublesome in many cases in women at or after close of menstrual period. I am now unable to find it, and would be greatly obliged if you would refer me to the matter or to make any suggestions relative to the subejct that may occur to you.

D. H. P., Oklahoma.

We imagine that you have read our article upon "Disorders of the Menopause" in the Digest. "Flashes" usually appear after the flow has ceased though occasionally the symptom obtrudes itself earlier. It is due entirely to irritation of the vasomotor centers. Give the triple arsenates with nuclein together with cactin and calx iodata, gr. 1-3, t. i. d. with, if there is any distinct uterine pain or pelvic disturbances, helenin, two granules, viburnin, two, aletrin two three times daily with a little hot water. —ED.

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QUERY 4993:—"Ptyalism of Pregnancy?" Is there any sure remedy for ptyalism in early pregnancy? Atropine tried to the limit, nearly 1-60 grain. Almost no effect. Also mineral acids locally, various astringents; also sedatives to act on the nervous system, as bromides. Spitting almost constant. There must be some medical resource.

L. R. D., New York.

Ptyalism of pregnancy is a peculiar condition: as much as two quarts of sputum has been collected in a day from one case. It is probable that the condition is due to a toxin produced in the body—possibly the liver being the organ at fault. Israel, of New York, has just published a most interesting paper (see *American Journal of Obstetrics* for Febuary) in which he reports some cases of "pernicious vomiting" of pregnancy (fatal); autopsy developed the fact that the typical changes found in acute yellow atrophy of liver existed in each instance. He urges greater care and more intelligent treatment in all these cases, pointing out that eclampsia, vomiting and acute yellow atrophy are closely related. Ptyalism may easily be but an-

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Retching with empty stomach is not gastric but reflex, toxemic, cerebral lesion or nervous abnormality.—Roberts, *Med. Record.*

Periodic vomit, clear gastric juice, normal or over-acidity, means a secretory neurosis or an ulcer.—Roberts, *Med. Record.*

other evidence of the action of the toxin. Careful attention must be paid to the general health. A few small doses of leptandrin and iridin (aa gr. 1-6 with calomel, gr. 1-10) might be given hourly for four doses at night twice weekly with saline draught in morning. The mouth should be washed out with a solution of the sulphocarbolates to which add a little aqua cinnamoni; troches of tannic acid in intervals. Counterirritation over the parotid (faradism or a little croton oil rubbed in) and very small doses of atropine valerianate will serve. Keep the skin active with warm salt water "sponges" and watch urine and feces. As quite often pytalin is absent from saliva in these cases digestion must be aided; papayotin and pancreatin will give best results.—ED.

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QUERY 4994:—"A Typical Case of Eclampsia." Mrs. W., multipara, fourth confinement. Labor commenced at 2 p. m., October 17th; dilation complete at 6 p. m. Delicate looking, highly nervous; in poor health since last confinement three years previous. While urinating seized with convulsion, lasted five minutes; temperature normal, pulse 100; time, 8 p. m. Was conscious for a time, had another at 9, and a third at 10 p. m., immediately after which child was born (child small, poor, but active, lived fifteen days). From this time (10 p. m.) she was unconscious, very restless until 11:30 the fourth convulsion; at 1 p. m. the fifth, and growing more restless; talks, rolls, and tumbles; have to hold her in bed. No more convulsions until 8 a. m., and the last at 11 a. m. Counsel called at 5 a. m. Urine test showed albumin on boiling without any acid (about 2-3 of quantity being albumin). At 12 p. m., night of eighteenth, became conscious and passed urine which was highly albuminous. Water drawn with catheter at noon of the 18th. Treatment started at once with veratrum viride, later alternated with atropine 3x tablets; at 6 a. m., Oct. 18th changed to arsenic alb., 3x trit; continued veratrum about 2 p. m. on account of the restlessness; on request of husband gave hypodermatic injection of 1-4 grain morphine and 1-60 atropine; very little effect and of short duration. As stated at 12 p. m. Oct. 18th, she became conscious and continued the ars. alb. and veratrum every hour alternately. Also on the 19th and 20th. Used malted milk as food. On fifth day she began to eat light diet. The urine became normal on the 20th, and remained so; made last visit Oct. 22 and in three weeks after her confinement she was able to be about and is as well as ever now. What else could have been done?

By the way, forgot one thing. Used sheet wrung out of hot water applied to chest and abdomen morning of 18th all day. This quieted her and gave her almost continual rest.

C. A. H., Iowa.

Thank you for this account of a case of eclampsia. It would serve to show the absolute necessity for the examination of urine frequently during the last few months of pregnancy. Had the uterus been promptly emptied at 8 p. m. (immediately after the first convulsion) and veratrine given in full dosage, hypodermatically, further trouble might have been averted. A brisk calomel purge followed by salines; enemata and hypodermatic injections of warm normal saline and the free use of the hot pack with digitalin and caffeine—after perhaps one dose of pilocarpine when pack was entered—would have saved much trouble and danger. We suppose that the medical attendant did not reach the house until after dilation was complete—at 6 p. m.? At that time some of the evidences of coming storm should

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Vomit after headache, no stomach symptoms, shows migraine; mostly eyestrain is the underlying cause.—Roberts.

Sudden vomiting with tinnitus, deafness and vertigo, indicates disturbed pressure in the internal or middle ear.—Roberts.

have been evident—the persistent headache, nausea, disturbances of vision and abnormal pulse would usually awaken suspicion and a bedside test of urine might even then have made prompt delivery and remedial measures advisable. The peculiar fact that children delivered early under these circumstances (prior to absolute convulsion of the mother) generally live, while 50 per cent or more born later die, should cause the accoucheur to keep a sharp watch for symptoms.—ED.

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QUERY 4995:—"Cancer of Uterus." I have recently begun the treatment of a lady of about forty-five years, with cancer of the uterus. She had been treated by several doctors who pronounced her case incurable and that she must abide her time until death could relieve her. I found the whole body of uterus badly swollen, bowels very tender, and much soreness about the mouth and neck of the womb. But no discharge nor swelling of extremities. I am giving her tr. phytolacca, hydrastin, and baptisin, and iodide of lime with the hypophosphites with the iron and quinine left out. Since receiving calx iodata I thought it would suit this case of cancer of the womb. Perhaps you may have a "specific" that would give me success in treating cancers, tumors and "old ulcers," etc.? This lady cannot have any local treatment at present. Give your best treatment, with anything that will help me in treating cancers, tumors, and chronic sores, etc.

J. E. P., Georgia.

Cancer of the uterus, Doctor, when of such long standing is hardly to be considered as curable but a very prompt hysterectomy might save her life, but such cancers have a habit of recurring. Thorough extirpation of the uterus and appendages is perhaps more satisfactory than any other operation for the same condition. Cancer will not yield to calx iodata. You might *try* chelidonin and condurangin.

Chelidonin, as you know, has from time to time been advanced as a "cure" for cancer, some people having become very enthusiastic about its potency and others absolutely deny its efficiency. One thing is quite sure and that is that *any* internal medication without local treatment must fail. Cancer cannot possibly be influenced effectively in this way for the simple reason that the mass of abnormal tissue is not influenced by medicine absorbed into the system to any appreciable extent. You might give nuclein in large doses preferably hypodermically, say, ten minims every morning, condurangin, gr. 2-67, or even 3-67, with chelidonin four times daily, triple arsenates with nuclein, after meals, two tablets. Such alterants as rumicin, stillingin, xanthoxylin, chimaphilin, etc., in various combinations between meals. Salines daily with local cleanliness. All this simply to improve the systemic condition generally. Why won't this woman submit to total extirpation of the pelvic organs to save her life? "Old sores", tumors and cancers require each their appropriate treatment, Doctor. Even two "old sores" might need entirely different local measures. Elimination, the free exhibition of alteratives and tonics and strict attention to the constitutional weak spots will always be indicated. We have elsewhere given several formulæ for cancer plasters and pastes.—ED.

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QUERY 4996:—"Nymphomania." I have a case of nymphomania that is most stubborn. A young lady who has al-

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Periodic vomit after colic and constipation with tympany, suggests chronic intestinal stenosis.—Roberts, *Med. Record.*

Wiping the nose in society especially at the table ought to be discarded as being unesthetic, says Barkan, *Med. Record.*

ways enjoyed the respect and esteem of her neighbors, was to have been married nearly two years ago when her intended died of a tubercular disease. She had been in ill health for some time; she was affected with hystero-epilepsy. Had a diseased ovary removed, remained in bed for six weeks, was then up and around for a few months, had no further epileptic seizures, but something simulating renal colic. Would become unconscious from suffering and would then grab and tear at her vulva and, if allowed, insert her fingers high up. She became insane, was taken to a private hospital for several months. She cleared up mentally shortly after arriving at the hospital but seems unable to remember names of the friends she was formerly most intimate with. Aside from that, she seems quite her former self. She is now in fair flesh but is unable to walk except with assistance, as she was bedfast for so long. She now has a constant and most intense desire for sexual intercourse which is so severe at times that she is unable to sleep and occasionally loses consciousness. After one of these severer paroxysms her eyes are badly congested and have the exact appearance of the "black eye" the boxer wears after having been badly worsted in a glove contest. The black eye and worn-out condition will last for two or three days when she will clear up and for a few days look fresh, and be jolly, but will after a few days, possibly ten or twelve days, have a similar attack. She is very frank with me and begs me to "do something."

I have used the bromides, hyoscine, hot blanket packs, local hot and cold packs, vaginal douches and various other remedies, but still she seems the same. She is willing to, and says she prefers to have the other ovary removed if it will relieve her. Can you help me out?

E. L., Iowa.

The removal of the "other ovary" will not help this case one iota. We fear that this condition is due entirely to engorgement of the sexual centers, though the possibility of reflex irritation from some local congested area must not be forgotten. We would dilate the sphincter ani to its full extent under anesthesia and, at the same time, remove the clitoris. Any local abnormality will of course have to be found and remedied. Depletion by means of glycomagnesium suppositories may be called for. A full course of calcium sulphide will suggest itself and at the first sign of the attack give glonoin one or two granules and then veratrine in very small and frequent doses to equalize circulation and relieve deep congestion. At the same time give her camphor monobromide, gr. 1, and salicin, gr. 1-2, every four hours till the seizure passes. Erotomania is a mental state and as such is to be differentiated from nymphomania which is distinctly physical. Here you have a condition which is a commingling of the two and we would urge the most careful examination for any possible source of irritation. If there is any distinct indication for gelseminine use it; it acts marvelously in some cases—bright eyes, quick pulse, flushed face, restlessness and rise of temperature point to this drug. Ice to nape of neck, hands in cold water and heat to feet will also help when acute condition threatens. A final hint: paint labiæ minoræ, clitoris and swab vaginal walls with a mild solution of cocaine and adrenalin chloride. The writer "won out" with this local treatment and the first medication suggested in a most stubborn case. Of course suggestion can be used in addition.—Ed.

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Query 4997:—"Dysmenorrhea." Enclosed you will find a history of a young

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You do not know with how much stupidity the world is governed, said Gustavus Adolphus to his son.

Teaching and law should debar the sick and delicate from matrimonial life and propagation of children.—Barkan, *Med. Record.*

girl, age nineteen years. Painful menstruation. Menstruation began at thirteen years of age; was regular, no pain and flowed for three or four days. Has no discharge, does not clot. Bowels move regularly. Passes normal amount of urine each day and on examination of urine I find nothing abnormal. Does not sweat at night. Present complaint is dysmenorrhea. Has had painful menstruation for two years. Said she caught cold once at menstrual period and also thinks she caused the trouble by exercising in the gymnasium. Has had treatment for two months and no satisfactory results. At the end of the first month's treatment she did not suffer at all worth mentioning, but at the end of the second month's treatment she suffered a longer time than usual. Pains are rhythmical and for a few days after each menstruation there is pain and tenderness in the iliac region on each side. Complains of pain more before the flow starts, but when the flow is started well she gets relief.

What will be the treatment in this case?

E. M. C., West Virginia.

It is really impossible for us to make a positive diagnosis without some idea as to the local conditions. There may be uterine displacement, obstruction or true ovarian disease. Examine with care, paying especial attention to the ovaries. Treatment at present must he more or less empirical. Hot sitz baths prior to flow, hot enemata, and (if vagina permits passage of tube) hot douches prior to appearance of pain, will help. A few doses of cannabin and atropine (with or without gelseminine) as soon as pain appears will probably be promptly efficacious and the Buckley uterine tonic full three times a day between the periods may help her. Massage (gentle) and the application of hot compresses wrung out of a saturated solution of magnesium sulphate will also be of service if "colic" occurs. Look for stenosed cervical canal. There may be ovarian or tubal disease; the continuation of pain after menses have ceased is suspicious.—Ed.

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Query 4998:—"Calx Iodata for Fibroid Growths and Goiter." Your reference to calcidin as a remedy in fibroid growths, and goiter, interests me. I am anxious to obtain all the information I can regarding the so-called absorbent method of treating abdominal tumors, as I have a number of them on hand that I do not wish to submit to surgery.

J. H. F., Indiana.

There is really very little more to say relative to the use of calx iodata in fibroids of the uterus. The action of iodine here of course is understood, but the addition of calcium seems to give us an effect hitherto unobtainable. Iodine of course causes rapid disintergration of the cells, is, practically, a destroyer, and when given alone it frequently causes an entire disturbance of the destructive and reconstructive balance. Calcium, being an essential component part of the cell, is almost invariably indicated in the very cases in which iodine is called for and, by giving iodized calcium we seem to hasten destruction of abnormal or low grade tissue formation while providing the system with the necessary nucleus for normal cell construction. As a result fibroid and other abnormal growths shrink and natural conditions finally are established. Clinical results, after all, are the best proof of a remedy's efficacy and fibroids often cease to grow and generally decrease rapidly in size upon calx iodata. One-half grain three or four times daily; always between meals upon as nearly an

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empty stomach as is possible. This will be the usual dosage; at first it can rapidly be increased, however, until a grain is taken three or even four times daily. Nuclein is generally indicated and elimination must be kept up.—Ed.

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Query 4999:—"Formula Wanted." Enzymol has been recommended for treatment of suppurative middle ear disease (chronic). What are its properties and where obtainable?

H. E. M., Nebraska.

Enzymol, if we mistake not, is a proprietary preparation, the formula of which is not known to us, but it probably contains about the same ingredients as the other proprietary alkaline antiseptic solutions: thymol, eucalyptol, boric acid, etc., etc. We publish your query as some of the readers of the Journal may be able to give the formula. There are other excellent remedies for the conditions you name. Why not try euarol after the use of acetozone and chloretone in mineral oil?—Ed.

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Query 5000:—"Aconitine Dosage for Young Children." In Alkaloidal Suggestions, subject, "Aconitine" (Alk.), I find the following: "For children dissolve one granule for each year of the child's age and one for the glass in twenty-four teaspoonfuls of water," etc. Now what I would like you to instruct me about is how would you use granules for infants three, six, nine and eleven months old? Please write me concerning above.

J. S. D., Georgia.

The rule you mention is known as "Shaller's rule" and was formulated by him with the idea in view of making aconitine absolutely *safe* in the hands of the general practician. As a matter of fact, this drug, like all other potent remedies, requires to be given in small dose at frequent intervals to effect: the infant of a few months old may require gr. 1-134 of aconitine—or even more—but as that may be too great a quantity it is safe to be careful and give one-twelfth that amount, i. e., one granule dissolved in twelve teaspoonfuls of water and a spoonful of this at intervals "to effect." The writer has given a granule in an hour (divided in four doses) to a child of three months: in a serious case he has given a *granule* repeated in an hour to a child of seven months—results, perfect in each instance. Much must depend upon the condition—and the doctor. On general principles and to prevent trouble, give what you are *sure* must be safe but gr. 1-134 to twelve teaspoonfuls will be that always. For older children "one granule for each year," etc., works all right but, if you want prompt results and can keep your own eye on case give in larger dosage. Always stop when tingling of mouth or numbness of throat is evident,—Ed.

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Query 5001:—"A Case Where Calx Iodata Failed." Patient, female, age one and one-half years, stout, hearty, of good parentage, said to have had "a cold" for a couple days. When called, found the child asleep, breathing with some difficulty, and without approaching the bedside I noticed the obstruction was not on the lungs and, upon waking, the harsh croupy cough confirmed my suspicions; found the throat clean and clear but slightly reddened, but little fever; with these symptoms at 10 a. m. I suspected membranous croup. Treatment: Calolactose to free action of bowels, syr. ipecac, steam, hot applications, camphorated olive oil, etc., but, above all, calcidin from start to finish, which was about twenty hours. I gave 1 grain every fifteen to sixty minutes without (seeming-

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Berberis for anemia, low vitality; premature age; wandering pains, twinging, stitching, tearing, burning.—Ott, *Med. Forum.*

Berberis and lycopodium form a popular combination. Berberine represents the first; methylamine the latter.

ly) any benefit. Now, is it possible I failed to give enough? Some two years ago I procured a thousand tablets which have long since crumbled to a powder and now I have to guess at the dose. In the last ten years I have had four cases of membranous croup and lost in each, but for two years I have rested easy, keeping calx iodata on hand, by so many said to be a "specific" and by others to have "cured thirteen cases on a stretch." Others seemingly, have snatched the little ones from the very jaws of death to the delight of parents, friends, and physicians, and give the glory all to calcidin, which I find to be right and proper. Calcidin does the same for me in similar cases, but they were not membranous croup, but spasmodic, such as I used to have and my mother cured every time inside of an hour with lard and molasses. I am yet a skeptic—can some one assure me that calcidin will cure membranous croup even though not "a specific?" I am a lover of the CLINIC.

J. F. S., Kansas.

We note with sorrow your failure with calx iodata. While hundreds and hundreds of reports reach us weekly those detailing successes average easily 98 per cent and, you know, there exists no remedial agent which is infallible. If you have read our literature and the CLINIC with any care you will have noted our warning to look upon calx iodata simply as the best obtainable remedy for croup and some other conditions, but to be prepared always to use other means when the conditions demand them. Moreover, until we are all perfect diagnosticians and able to intuitively detect hidden organic disorders we shall find, here and there, a patient who will die seemingly against all precedent. In these cases there is some fatal "weak spot" undiscovered heretofore, but asserting its baleful influence at the critical moment. If we can cure even eight out of ten of those serious croup cases which used to prove almost invariably fatal, we certainly have no reason to blame the remedy. In most instances, too, we are free from fault. However, one physician wrote us on Thursday last after a long trial: *"When there is a failure to cure croup with iodized calcium the physician is to blame, not the drug; of this I am assured after experiencing one failure and many successes personally."* Read the latest literature with care and then when a case presents, diagnose carefully, make up your mind to support the heart, empty the digestive tube, remove any impediment to respiration—either spasmodic or foreign substance— and be sure you are treating a case of croup and not *edema glottidis,* capillary bronchitis or diphtheria, with some more deadly disease complicating. Do not forget that infectious diseases sometimes cause croup, the latter masking the intercurrent disease. Above all do not deprive yourself of the most potent weapon available, because you have—for some cause—been unfortunate *once* in its use.—ED.

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QUERY 5002:—"Post-Pneumonic Affection of Lungs." I have a case in which I want your help. One of my children, a boy of five years, family history all right, has been very healthy until the present attack. About seven weeks ago he contracted pneumonia, confined to lower right lobe; very high fever (104° to 105° F.) for eleven days, when crisis appeared; fever almost left and he was better in every respect. This lasted only about three days, when fever rose again. He has gained some strength; no fever in morning; begins to rise about 10 a. m., and about 4 p. m. is 104° F.; begins

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Marriage rightly understood,
Gives to the tender and the good,
A paradise below.—Cotton.

Metschnikoff says it is the microcytase of the microphages that destroys invading bacteria; not macrocytase of macrophages.

to decline about 6 to 7 p. m. Some cough and at times vomiting, to all appearances pus; no night-sweats, heart's action good, tongue looks good, a little swelling about abdomen, bowels regular, but some odor to actions. At present, there is a pleural extravasation extending just above the right nipple.

Have him for the past ten days on 4 grains iodide potash, t. i. d., two teaspoonfuls Wampole's cod-liver oil, t. i. d., also ecthol, one-half dram, t. i. d. Bowels well flushed out with salts every other day, and cotton jacket on chest. He seems to be at a standstill. If you can offer any suggestion, I will more than appreciate same.

C. E. K., South Carolina.

This looks very much like a case of empyema following pneumonia, by no means a rare sequel of this disease in children; the high temperature suggests streptococcus infection. On the other hand the periodicity of the temperature rise and decline may mean a malarial infection; this can be readily determined by giving quinine. To make sure as to the presence or absence of fluid in the pleural cavity, aspirate, using every care to prevent clogging of the needle. If a pus infection is found, remove fluid and saturate the patient promptly with calcium sulphide, gr. 1-6, every hour, and give calcium iodized, gr. 1-3, every three hours for one week, adding helenin two granules. After each meal you had better give him one of the triple arsenates with nuclein and enough saline each morning to keep bowel open. Bathe him every other day from head to foot with a solution of magnesium sulphate one ounce to the pint of water (hot as tolerable) then rub him off with a rough towel. Provide sets of cotton and wool underwear, one for day, another for night; hang the set not in use in sun. Have him inhale eucalyptolized steam twice a day and, every hour or two, take a few whiffs of formalin (you can get a little formalin inhaler from the Geo. Leininger Co., of Chicago, for twenty-five cents.) light diet but nutritious; fresh beef juice one dram between meals. Deep breathing, fresh air and sunlight.—ED.

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QUERY 5003:—"Cardiac Dropsy." I wish to ask your advice; do you think there is any chance for this case? A year ago last November (1904) she was sick in bed with "dry pneumonia." Nearly coughed to death. The heart became affected; valvular trouble. Last summer she commenced to bloat and has been so up to the present time. Is very large at abdomen. Feet and limbs badly swollen, also right arm. There is some enlargement of right side. Kidneys act very slowly at times. Has fair appetite. At times coughs quite badly. Suppose it all comes from the heart. I have tried my best but cannot reduce the dropsy. About once in ten days or two weeks has very bad vomiting.

S. E. M., Michigan.

This is a serious case and to prescribe effectively we would require a more succinct description of the physical conditions. It strikes us, however, that this is a case for apocynin, cactin, berberine and some one of the hepatic alteratives—probably euonymin. Sanguinarine or scillitin might also be used with advantage as alternants. Give her dry diet, the wet pack twice a week and apocynin "to effect"—one tablet every two hours till diuresis or fluid stools are produced, then four times a day to maintain effect. Cactin, gr. 1-67, may be alternated with scillitin, gr. 1-67, every four hours, changing this perhaps to sanguinarine, gr. 1-67. Every third night (and

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The side chain of receptors and their relation to the amboceptors of the cells conduce to intellectual befuddlement.—*Med. Age.*

An Iowa doctor suicided because the place was so healthy he had no patients. Why didn't he open a sanatorium and advertise?

begin with this) blue mass and soda, gr. 1, euonymin, gr. 1-6, every hour from 6 to 10 p. m. Saline next morning. Berberine, gr. 1-6 and brucine, gr. 1-67, thirty minutes before meals. Snug binder to abdomen; on the day after wet pack, salt sponge bath (or better a solution of magnesium sulphate) over entire body. Try the indicated remedies. Hard work may turn the tide.—ED.

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QUERY 5004:—"Two Typical Cases of 'Waste Retention'."

1. Mr. A., a minister of the gospel, age about 65; weight about 150 pounds, has been a very hard student for many years. His chief complaint is insomnia and headache. He has suffered so much from headache and loss of sleep that it is beginning to tell on him. His appetite is very good. His pulse is very slow, in fact, it runs about 40 to 50 per minute. I cannot detect any organic trouble. His feet and hands are cold most of the time. He is very easily chilled. The arteries are elastic, or, in other words, are soft and compressible. His appetite is good and the bowels are inclined to be costive, but I manage them with the anti-constipation granules. I have thought of having him take a good saline every morning but have not tried that yet. His kidneys act as well as the ordinary man's. I have tried to build him up generally by giving him strychnia and the various tonics. In fact, his general health is much improved. I have for the insomnia given him passiflora, gelsemium, bromides and a host of other anodynes, but have not found anything that gives him much benefit in that line. I have tried somnos without any good results. What is the matter with this man and what will help him? The C—— people of Cincinnati are after him and are about to "pull" him for $25 or $30 by "guaranteeing" him a cure.

2. A young lady of 25 who is a sufferer only in this way. Every morning as soon as she gets up and before she has time to dress, her bowels make such a rushing demand on her that she has to go immediately to the closet; the stools are loose and watery. She has about three stools close together and then it is all over for the next twenty-four hours. She has no pain in stomach or bowels, appetite good, sleeps well, no bloating of the bowels, but quite a good deal of borborygmus. I have examined for rectal ulcer but find the lower bowel in very good shape except slightly congested. She goes about during the day whistling and singing as though she has never had any such trouble. I have been giving her the intestinal antiseptic, also have given her charcoal, 5 grains after meals, but nothing seems to ease the case.

Now, Doctor, if I have given you any data from which you can draw any conclusions in these two cases and will help me out, I shall be very glad to listen to you.

L. J. S., Ohio.

1. Enervation and retention of effete matter will cover the ground in the case of the minister. Men of this age who are costive and sedentary almost always suffer from glandular inactivity and the consequent autotoxemia. A few small doses of calomel, leptandrin and podophyllotoxin (gr. 1-10, 1-6 and 1-12 respectively, exhibited from 6 to 10 p. m., at hourly intervals) every third night with an early morning draught of hot water in which effervescent magnesium sulphate (one teaspoonful) has been dissolved, together with a semi-weekly high enema of hot saline solution (normal) and a daily salt sponge followed by alcohol rub and brisk friction with towel will start him along the right path. Give also, brucine, gr. 1-67, cactin gr. 1-67, and juglandin, gr. 1-6 about one hour before each meal and papayotin, gr. 1-6, capsicin, gr. 1-134, after food. For the first three days ten

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Ranney calls attention to the value of eye treatment in chorea; hypermetropia being exceedingly prevalent among choreics.—*Ex.*

Leprosy: Strychnine arsenate pushed to effect has been of signal benefit in several cases; mixed and tubercular.—Goodhue.

grains of the sulphocarbolates about an hour after food. After a week or ten days give him one aloin, atropine and cascara tablet at night (continuing the saline in morning) and give one granule of strychnine valerianate in place of the brucine. Stop off coffee for a time and have him drink one of the good malt preparations. Fruit is essential as will be broiled or roast red meats, fish and whole wheat bread twenty-four hours old.

2. Strychnine, gr. 1-134, hydrastin, gr. 1-6, rhein, gr. 1-6, every four hours—with a little hot water *before* meals; calcium sulphocarbolate, gr. 2 to 6, one hour after eating. Increase dose to larger amount if effect is not noted after third day. Have the bowel flushed every other night with three pints of water at blood heat to which add two ounces of magnesium sulphate. After two weeks please report results. It may be that gr. 1-67 of strychnine may be needed.—Ed.

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Query 5005:—"Obstinate Ulcer of Ankle." I have a colored woman with ulcer of the ankle which won't heal. Had her put her ankle in hot creolin solution for two hours twice daily. After a week of this the skin commenced to come off for a considerable distance around the ulcer, in fact all of one side of the ankle skinned and left a tender red congested, painful area. When she removes the gauze dressings, thin skin like onion peel which has formed, comes off, cracks and peels off with dressing. Now, I would like to stop that skin from coming off and relieve that congested condition. Says it pains her towards night more. Is about each day active. Tried to get her quiet but not convenient to do so. Let me know please at once what to do. Ulcer has existed ten years.

W. S. W., Georgia.

What induced you to put this ankle for "two hours at a time in hot solution of creolin?" Stimulation and asepsis are called for in such a condition it is true, but not such pronounced measures as this. Naturally you have desquamation. You do not give us any idea as to the extent of the ulcer, neither do you tell us whether varicose veins are present. From time to time we give the alkalometric treatment for leg ulcers which will apply in this case perfectly. Cleanse carefully with a mild solution of boric acid (warm), spraying the ulcer with peroxide of hydrogen one part, distilled water one part, until foaming ceases, dry again, mop off with the boric acid solution and again dry, then apply with a camel's hair brush, turpentine pure (Merck), lay a thickness of gauze soaked in turpentine into the ulcer and cover with several thicknesses of gauze and a handful of cotton. Over all place a snug bandage. After twenty-four hours renew the turpentine dressing and you will find pus cease, the edges draw in and granulations present. Now apply iodoform gauze, two or three thicknesses soaked with bovinine. Over this place a piece of rubber tissue and some gauze. Be very careful as to asepsis, Doctor, changing the dressing at least twice a day. It may be well to take off two or three little snips of skin from the patient's arm or thigh and place them cut side down over the denuded area under the gauze. If you do this cover the grafts and ulcer with a piece of rubber tissue first. This must be freely perforated with pinholes and dipped in boric acid solution before applying. It should be just large enough to cover the ulcer, over this the saturated gauze. Internally

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Goodhue reports great benefit from a mixture of eliminant, laxative and strychnine in leprosy cases.—*Annual Report.*

Pilocarpine gr. 1-4 hypo is urged for gallstone colic; contraindicated by adynamia and by cardiac enfeeblement.—*Ex.*

two of the triple arsenates with nuclein after each meal; or quinine hydroferrocyanide, one granule; strychnine arsenate, one; iridin, gr. 1-6; and stillingin, two granules. Given midway between meals; saline every morning before breakfast. Remember, Doctor, that this method of treatment applies to ulcers anywhere and is curative ninety-eight times out of one hundred. Of course all necrosed tissue, ragged edges, etc., must be cut away or curetted from the sore, and if there is any "binding" of the edges or inversion a few slits made with a sharp bistoury will enable healing to take place.—ED.

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QUERY 5006:—"What Will Head off Chills?" I live in a locality where there are lots of torpid livers and constipation and have found that 1-6 grain each of calomel, iridin and podophyllin, given every thirty minutes until six doses are taken, then followed with saline is the best thing for this conditon.

I find specific chionanthus in 15-drop doses three or four times a day a very valuable liver remedy. I have never used chionanthin enough to know whether it will take the place of specific chionanthus or not, but have learned that the ordinary fluid extracts will not take its place. The best remedy that I have ever used to keep off a chill is as follows: sp. tr. gentian and hydrastis, each dr. 4; sp. tr. cascara, dr. 2; salicin, gr. 20; tinct. myrrh comp. ("No. 6"), dr. 1; simple syrup, to make oz. 8. M. To keep a chill off give one dram every hour for six to ten hours, beginning so the last dose will come one or two hours before the chill is due. At other times give a dram every three hours.

If you have any alkaloids or combination of alkaloids that will "head" the prescription to keep chills off, I would like to know what it is. Quinine sulphate, bisulphate, hydroferrocyanide or arsenate will not do it. This prescription is safe, well tolerated by the stomach and does not produce any unpleasant symptoms. Six doses an hour apart will keep off most any chill, but in bad cases it should be commenced eight or ten hours before a regular chill time. I have only one objection to this prescription and that is, it is quite bulky. I have been thinking about leaving the cascara and salicin out and in their place use four drams of fluid extract verbena hastata?

J. A. B., Arkansas.

The combination of iridin, podophyllin and calomel (aa gr. 1-6) has been recommended by us for many years; a glance over the "queries" will convince you of its wide usefulness. Iridin with xanthoxylin and rumicin will prove one of the best alterative eliminants in malaria; add berberine if the spleen is markedly affected. To abort chill try quinine hydroferrocyanide, gr. 1-3; acetanilid, gr. 1; capsicin (or piperin) one granule; cactin, gr. 1-134; repeating in fifteen minutes. The antimalarial (Dumas) formula is a most effective combination, giving prompt results with less drugging. By the way, Doctor, try small *repeated* doses of magnesium sulphate (in solution with equal parts of sugar and water) giving say, one teaspoonful every four hours, adding two drops of eucalyptol to each dose. So far this with quinine hydroferrocyanide, etc., (see above) has given excellent results.

We have an idea that the "No. 6" is the really indispensable part of your formula. Any hot drink, hot enough to bring the tears to the eyes, will sometimes do the work. Capsicum, spirit of chloroform, an injection of pilocarpine, any of these may be effective.—ED.

Harman states that some cases that simulate hay fever are really due to eye-strain, relieved by fitting glasses.—*Chic. Clinic.*

Parsons treats acute otitis media by aconitin and atropine aa gr. 1-500 every hour; with free purgation.—*N. W. Lancet.*